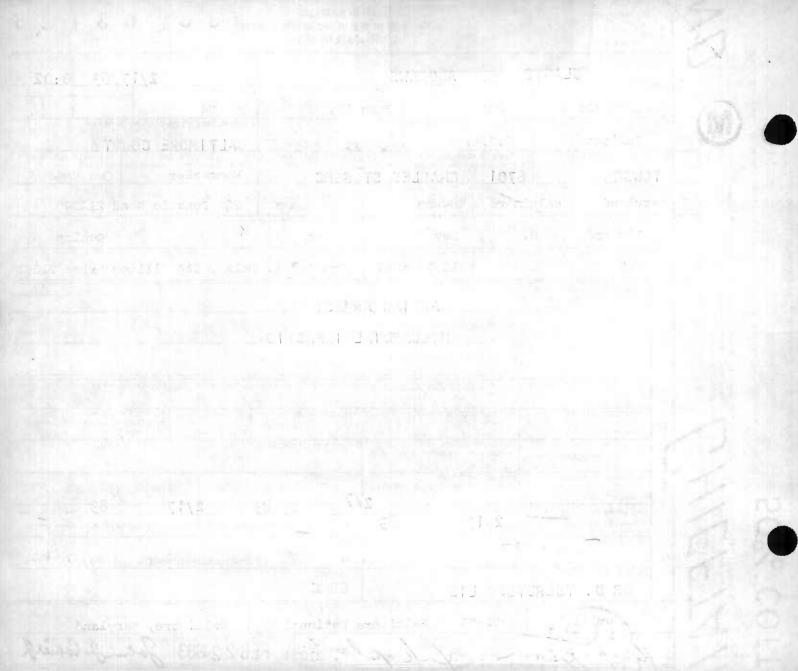
X	1	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH		3 REG. NO.	0 3	1 2 5
9 e e		E OR BOILES	ADYS D.	WIDDLE		AST	20. DATE OF D		ONTH DAY YE	12.770011
may b page er deal	0.05		AUYS D.	ANDRE			11.05		2/17/83	
e 4 a	3. SE	Female	White		5. DATE C		6. AGE (IN YEAR		MONTHS! D	YEAR IF UNDER 24 HRS
8 (M)	7a. B	IRTHPLACE ISTATE OR FORE		F WHAT COUNTRY?	8.				COUNTY OF DEAT	Н
5 52		Indiana	U.S.	Α.	MARRIE	DI NEVER MARRIED DI			COUNTY	
by the further factoring the f		OWS ON	11. NAME O (IF NOT IN S	F HOSPITAL, NURSING BUCH FACILITY, GIVE STREET N CHARLE	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OC	CUPATION OR MOST OF W	VORKING LIFE) INDUS	ND OF BUSINESS OR
24 hour filled in lould be f	USU	AL RESIDENCE (IF NURSING		ON, GIVE RESIDENCE BEFORE 134. CITY OR TOW TOWSON	ADMISSION)	13d. INSIDE CITY LIMITS?			le Road 2	
ompletely and 2 shares	14. F.	Richard	H.	Dey		15. MOTHER'S MAIDEN NA Zoa	ME	AIDDLE		unlap
n and co		VAS DECEASED EVER IN YES, NOOUNKNOWN) (1	U.S. ARMED FORCES			17. INFORMANT		ADDRESS		
S. Pool		NØ.	4	213-74-	5588	Mrs Zoa A.	Dolan,	514 H		rive 21093 PROXIMATE INTERVAL VEEN ONSET AND DEATH
ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs or attending physician. In the sertificate been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbonopopers. Pages I and 2 should be filled than Americal Hygiene prior to burial, cremotion, or removal.	z	Conditions, if ony, w gove rise to immed cause (a), stating underlying couse	DUE TO, hich (b) DUE TO, lost. (c)	OR AS A CONSEQUE MYOCA OR AS A CONSEQUE	IAC A ENCE OF ARD IA ENCE OF	L INFACTION		PR CONDIT	TION GIVEN IN PAR	₹T 1(o:
ion low required low required low requirements. The remit. The lene prior forms only in lows on lows only in lows only in lows on lows	CERTIFICATION	190. DATE OF OPERATIO	N 19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS	Y?	20b. IF YES, WERE FIN N CERTIFYING CAU YES []	NDINGS USED USES OF DEATH? NO
PHYSICIAN: The Is ending physicion. This is certificate hos be build-transit per defended by the per defen	MEDICAL CER	21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING ☐ CAUS (IF EITHER, NOTIFY MEDICAL I	SE OF DEATH HOUR A	P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY I	N ITEM 18 PART 1 OR PAR	T 2)
IG PHYSK attending ter this ceils the buries and Men	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME S	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	C	ITY OR TOWN	COUNT	Y STATE
TEND or USE or USE or USE of Head		220.1 certify that (I) (this saw the deceased of	s hospital) attended	17 19	83. or	d that in (my) (our) apinion		2/17 in the date	, 19 83	the couses stated
OR e ho		226. SIGNATURE	Syl S			ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIA		17/83
TO HOSPITAL retained by the TO FUNERAL should be deter with the State IMPORTANT: I			SERETOPOL			GBMC	3 - 76			
BP		BURIAL, CREMATION, REA (SPECIFY) Burîal	2-22-			e National Ce	23d. LOCATIO	OWN	e, Maryla	and
DHMH - 16 50M 4/82 (VRA 15, 4)	_	ck Towson Fi	neral Home	e. The. To	1050	York Rd. 250 DAT	EB 2 2.1	15TRAR 251	b. REGISTRAR'S SIG	and L'Church



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160	WAS DECEAS	ED EVER IN				16b. SC	OCIAL SEC	JRITY NO	. 17. 1		ANTCha:	rles	ton.	MADER	ESS 7	892		
1	(YES, NO, OR UNKI	IOWN) (1	IF YES, GIVE W	AR OR DATES)	7.54	-				ole F							
	18 CAUSE	OF DEATH	(Enter anly	ane cause	per line f	ar (o), (b), and (c))		30,716		-1102		Olifo L	20/	T	APPROXIMA	TE INTERVAL
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1	EXAMINER'S	SNAME	Horme	z R.	Guar	d.	M.D.				111	Penn	Str	eet.	Balt	imo	re, Mo	1.
22-	BURIAL, CREM						NAME OF	CEMETE	ADD			_						
230	(SPECIFY)		MOVAL 73		/07						(1	CITY	CATION			COUNTY		STATE
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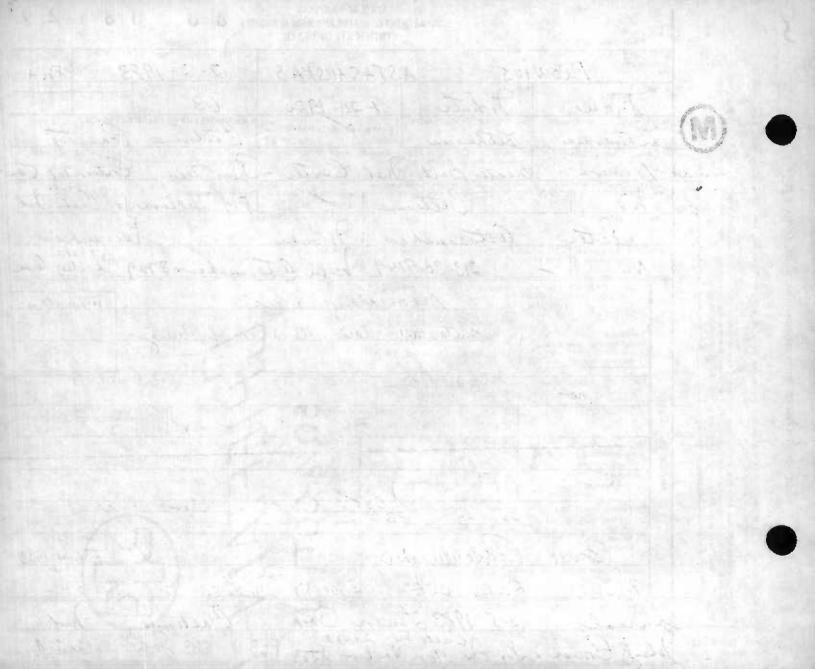
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11			STATE OF MARYLAND	7 1 7 1
	,	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 1 4 1
1	13	- STATE REGISTRAR	CERTIFICATE OF DEATH	
	3 750		REG. NO.	
		CEASED NAME FIRST	A DATE OF DEATH	YEAR 26 HOUR
		MAFG	Aret Cooper Armacust Fet 26-1	983 210 FM
	1 SE	x	717771003	IDER I YEAR IF UNDER 24 HRS
200	119	1	MONTH DAY YEAR MONTH	
		emole	Mylo ang 12 1911 11 YRS.	
20	7a.	ATHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY OF E	DEATH
\$26	2	COUNTRY	MARRIED NEVER MARRIED 2	
-	1	culturore M. M.	WIDOWED DIVORCED 15 allinois	O MD
3an	THE C	ITY OR TOWN OF DEATH		26. KIND OF BUSINESS OR NDUSTRY
20	2	Us men-	Home is 2 19 Hanen Rd. Housewife	*DUSTRI
2 /	USU	AL RESIDENCE OF HURSING HOME OR O	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	n l
PA	lax.	STA U 136 COUN	TY 130. CITY OR TOWN , 134 INSIDE CITY LIMITS? 130. STREET ADDRESS	Dr. 166
400	1	Ud Batt	TES NO D	21150
1 -	ICE.	ATHER'S NAME	15. MOTHER'S MAIDEN NAME	
3-58		T rent	MIDDLE CLAST FIRST MIDDLE	AN LAST
Dec.	_	Manger	sures margares	100
9 1		MAS DECEASED EVER IN U.S. ARM TES, NO OR UNKNOWN (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MIT Charles CORESSINACE	T
€ /		THE STATE OF THE S	214-41-7/93152161/2	21101
2		, AV	12:11 16:01 11 cld lamore 111 children	ADDROVIMAN INTERVAL
-		PART I. DEATH WAS CAUSED	ly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0	010		ECAUSE (a) Metastalic Darcoma	
3		1790		E 11. 71
2		1110	DUE TO, OR AS A CONSEQUENCE OF	5 Months
8	100	Canditians, if any, which	(b) abdomin and den	
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
	100	underlying cause last	(Storent Sarroma	12Month
ò		BART 3 OTHER CICALIFICANT CO		
5	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART I(a
-	CERTIFICATION			
5 -	4	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WEI	RE FINDINGS USED
1/	=	The state of the s	YES NOT YES T	CAUSES OF DEATH?
45	× ×	210. ACCIDENT WAS UNDERLYING		
E Cy	10.00	OR CONTRIBUTING CAUSE OF DEAT		JR PART 2)
5 /	N.	(IF EITHER NOTIFY MEDICAL EXAMINER)		
20	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY 211. LOCATION	
1	×	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
20		AT WORK AT WORK	9 1 2 1	
2		220.1 certify that (1) (this haspite	al) ottended the deceased from and 1958, to 196	3 , that (1) (we) lost
		saw the deceased alive an_	19 82-1, and that in (hy) aur) apinian death occurred an the date and hour and	from the causes stated
E	10	226, SIGNATURE	view the body after death.	
2		226. SIGNATORE		22c. DATE SIGNED
		+	1 MAN ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	2/2/0/13
7		22d. PHYSICIAN'S NAME ITYPE OR		1010
N OHLY	112	14/11/	- 1 1 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1	
2		VV . I+ . F	- DA+d MI MANChester Md. 211	02
3	23a I	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d LOCATION	
		(SPECIFY)	CITY OR TOWN COU	UNTY STATE
-		Burial		rroll Md.
'B1	24 F	UNERAL DIRECTOR	250. DATE REC'D, BY REGISTRAR 256 AT SISTRAN	FIGNATURE
		Fline Thomas II.	ADDRESS F-H 7 8 1083	V I A to a 1 B

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8	1	FOR STATE REGISTRAR		DEPART	MENT OF HEA	F MARYLAND LTH AND MENTAL HYG ATE OF DEATH	REG. N	0	3 1	2 8
36			RACE	MILLER	AR	NOLD	20. DATE OF DEATH	02 06		26. HOUR 1:55A)
3	3. SE	FEMALE	4. R	NACE UNITS -	5. DATE OF I		6. AGE (IN YEARS LAST BII	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
W	70. B	RTHPLACE (STATE OR FOR COUNTRY)	FIGN 76. 1	CITIZEN OF WHAT COUNTRY	MARRIED (NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O		MD
Cotilled	TO	VSON, MD.	G	NAME OF HOSPITAL, NURSII	CHARL		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST		126 KIND OF	F BUSINESS OR
See Base	USU 13a.	AL RESIDENCE (IF NURSING	^	ER INSTITUTION, GIVE RESIDENCE BEFORE 134. CITY OR TOV	-	d. INSIDE CITY LIMITS?	130. STREET ADDRESS	ORVEL	15 Co	1861 URT
Seconine 20	14. F/	THER'S NAME FIRST	MIDD	MILLS	R 15	MOTHER'S MAIDEN NA	JAN		HOF	
2		VAS DECEASED EVER IN VES. NO OR UNKNOWN)	U.S. ARMED IF YES, GIVE WA		DAGG	FAMILY	RECORDS			Service Services
injury, or ather traumatic e	NO	Conditions, if ony, w gove rise to immed couse (a), stating underlying couse	liote the lost.	DUE TO, OR AS A CONSEQUE (b) A CUTE DUE TO, OR AS A CONSEQUE (c) MULT IDITIONS CONTRIBUTING TO	RENA	MYE LOMA			IN PART No	
ws ony	CERTIFICATION	19a DATE OF OPERATIO	N	196 CONDITION FOR WHICH	OPERATION	VAS PERFORMED	200 AUTOPSY?	20b. IF YES, VIN CERTIFYII	VERE FINDIN	IGS USED OF DEATH?
or Hem 18 sho	MEDICAL CER	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED	SE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D P.M. 216. PLACE OF INJURY	PAY YEAR	It HOW INJURY OCCURI	RED (ENTER NATURE OF INSL		OR PART 2)	STATE
is morked	W		is hospital)	ottended the deceased from		1/08		/06 19	83	that X (we) last
VT. If Item 21	11	276 SIGNATURE	tire	02/06 19_ 1he body offer death.	DE	GREE ATTENDING PHYSICIAN	MEDICAL STA	FF	22c. DATE S 2/06	SIGNED
IMPORTANT: #		T. FIR	TH, I	MD.	\$ 1	BMC-6701 N		ST. 2	1204	
_	B	BURIAL, CREMATION, RE. (SPECHY) URIAL UNERAL DIRECTOR		36. DATE 736 FEB-9, 1983	NAME OF CEM		23d. LOCATION CITY OF TOWN E REC'D. BY REGISTRAR	1: B	D'S SIGNAL	STATE
4/82	1	NAME	- 10	ADDRESS ADDRESS	1 6600	. /	EED 0 108		3 3101401	teme

200 0 837



b	FOR STATE REGISTRA			DEPARTMENT OF DICAL EXAMI	HEALTH			H REG. N	0 3	1 3	0
OR. LES. URS EET,	1. DECEASED N (TYPE OR PRINT)	GEERGE		FAYETTE	E	SAILEY		DATE KNOWN OF ESTI- DEATH MATED	02	18 19 83	141
N STR	3. SEX Male	White	5. DATE OF BIRTH	YEAR OS TAIL	DAY) MONT		DER 24 HRS. 2c.	DATE ONOUNCED DEAD	MONTH	18 1983	2d. HOUR
ETESSARY, PEASE FRAI DIRECTOR. DR YOUR FILES. THIN 72 HOURS RESTON STREET.	70. BIRTHPLAC	e (STATE OR NTRY) rginia	76. CITIZEN OF WI	HAT COUNTRY?	To .	EDX NEVER MA	RRIED	Baltimore city Baltimo	-	Y OF DEATH	MD.
(W)	Balto	· County	5821 E		d. 2	ER INSTITUTION	120 USUAL FOR MOS Sale	OCCUPATION (T TOF WORKING LIFE)	YPE OF WORK	OR INDUST Bakery	USINESS TRY
1 Name	USUAL RESIDE 130. STATE Maryl	NCE (IF IN NURSING HOME O 13b. COUN and Balti	TY	13c. CITY OR TOWN	510N)	13d. IHSIDE CITY LIMITS	- 1		er 21	.220	
2730		W .	MIDDLE	Howe		15 MOTHER'S MA FIRST Float		MIDDLE		Karnes	3
AGES I	(YES, NO, OR U	ASED EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	298-01-		John H	ughes	6241 Eb		er Rd.	21220
"PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND SERVICAL EXAMINER ALONG WITH FORM PM. 3. PETAIL SED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOURD HEALTH AND MENTAL HYGIENE, DIVISION OF COTAL PROPERTY. CREMATION, OR REMOVAL.	Can gav cau- lying	ditions, if any, which e rise to immediate se (a) stating the undergrouse last.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TEL	OF	E DR CONDITION GIVEN IN	IPART 1 (a).				
ヨコロる	190 DAT	E OF OPERATION	196. CONDIT	TION FOR WHICH OPE	RATION W	AS PERFORMED?				20 AUTOPSY	3 NO
ARTMENT OR TO BU		ERNAL CAUSE WAS YING OR BUTING CAUSE OF E		MONTH DAY YEA	AR 21c. Ho	DW INJURY OCCUR	RRED (ENTER NATI	URE OF INJURY IN ITEM 1	B PART 1 OR PAR		
AGE 3 SH ATE DEP	WHILE AT WOR	RY OCCURRED NOT WHILE AT WORK	21e PLACE (STREET, FACT	OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	c	ITY OR TOWN	COL	YTM	STATE
PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU		T (10	e of the remains des ol causes X		Autap	y Inspec	Undeterm	Inquiry	DATE SIGNE	2/18/	83
PAGE 4 TO FUNE AFTER DE BALTIMO	(TYPE OF	ER'S NAME T.C	when	O Denor	O	ADDRESS 2112	Democ	JK Hoe.	Balte	. Md .	2/222
P	Buria 24 FUNERAL D	1	2-21-83	Holly	Hill	s Cemete	ery Ba	Itimore	COUN	Md.	TATE
DHMH - 17 R A15 ME (5))	NAME	hn Funera	1 Home	7401 Be	1236	Rd. FEE	2 4 198	GISTRAR 256 REC	عرب د	thick,	

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Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MANY February 20, 1983 10.B. A Declarate water description The second of th 1.90.3 经结合,从则是以及为"大流"之外, in the state of th ೦೨ ೦೧ ಉತ್ತರ್ಗಡೆಕ್

5	1.	FOR STATE REGISTRAR	D	EPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 3	0 3 1 3 3
		CEASED NAME FIRST	MIDDLE	14-24	IAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
		DAHI	EL S.	130	RKE,	2-	2-83. 11-17AA
25	3. SE	x	4 RACE	5 DATE (6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
0		MALE	WHITE	JÜNE	22, 1908 FAR	74 YRS.	MONTHS DATS MODRS MIN
1	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH
u		MARYLAND	USA	WIDOWI	DIVORCED	BALTIMORE CO	UNTY
3		TY OR TOWN OF DEATH RANDALLSTOWN	11, NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G BALTIMORE	IVE STREET ADDRESS)		12ª USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING PHARMACIST	12b. KIND OF BUSINESS OR INDUSTRY DRUG STORE
34	13a S	AL RESIDENCE (IF NUR. 1997) TATE MARYLAND BAL	13c. CITY	OR TOWN 'IMORE	13d INSIDE CITY LIMITS? YES NOXIX	13e. STREET ADDRESS 3320 FIELDVIEW	RD. #21207
20	14 FA	THER'S NAME FIRST	WIDDLE	LAST	15 MOTHER'S MAIDEN NAM	WE	LAST
X		SIMON		RK	IDA	THE WHEN SHAPE	SCHENKER
	()	VAS DECEASED EVER IN U.S. ARA LES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	03-8719		S. DOROTHY BARK EW RD. BALTO.,	
	7	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO DUE TO, OR AS A CO CO CO CO CO CO CO CO CO	NSEQUENCE OF Carch NSEQUENCE OF LE MY	ogenic SL ocarticol C	of ellmh. The 20 to Marchion. MALDISEASE OR CONDITION G	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7	CERTIFICATION	Metatas 190 DATE OF OPERATION	196 CONDITION FOR	WHO HOPERATIO	N WAS PERFORMED	206 AUTOPSY? 206. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c HOW INJURY OCCURR	YES NO WY	(ES NO
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY	,	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (1) (this haspite saw the deceased alive an abave, (1) (we) (did) (did not	9-9-	19 <u>45</u> , ói		, ta, ta	
		226. SIGNATURE R. M. SI	nah.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR DHYSICIAN	22c DATE SIGNED
1		22d. PHYSICIAN'S NAME (TYPE OR	SHAH		PANDALL	(K. H., OLD	cours RD
	23a. B	URIAL, CREMATION, REMOVAL BURIAL	^{23b. DATE} FEB. 4, 1983		EMETERY OR CREMATORY YOUNG MEN	23d LOCATION BALTIMORE	COUNTY MARYLAND

DHMH - 16 50M 1/BI (VRA 15, 4)

MPORTANT: If Ite

74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.
6010 REISTERSTOWN RD. BALTO., MD 21215

FEB 7 1983 John & Comment

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(VRA 15, 4)

	1 22	REGISTRAR			CERTIFICATE OF DI		1 REG. NO.		
		OR PRINT)	ieda	MIDDLE				ONTH DAY YEAR	2b. HOUR
	3. SE		4. RACE	.lite	Barlag		2-15-83 6. AGE (IN YEARS LAST BIRTHD)	AY) IF UNDER 1 YE	10:45AM
		Female	White	9	7-23-04	YEAR	78	YRS.	S HOURS MIN.
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the medical	160	VAS DECEASED EVER IN VES. NO OR UNKNOWN)	U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)	218-26-			ADDRESS 3,139 W. Lany	vale St. 2	21217 OXIMATE INTERVAL EN ONSET AND DEATH
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STATE OF MARYLAND

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DHMH - 16 50M 4/82

(VRA 15, 4)

FOR

Burial

24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

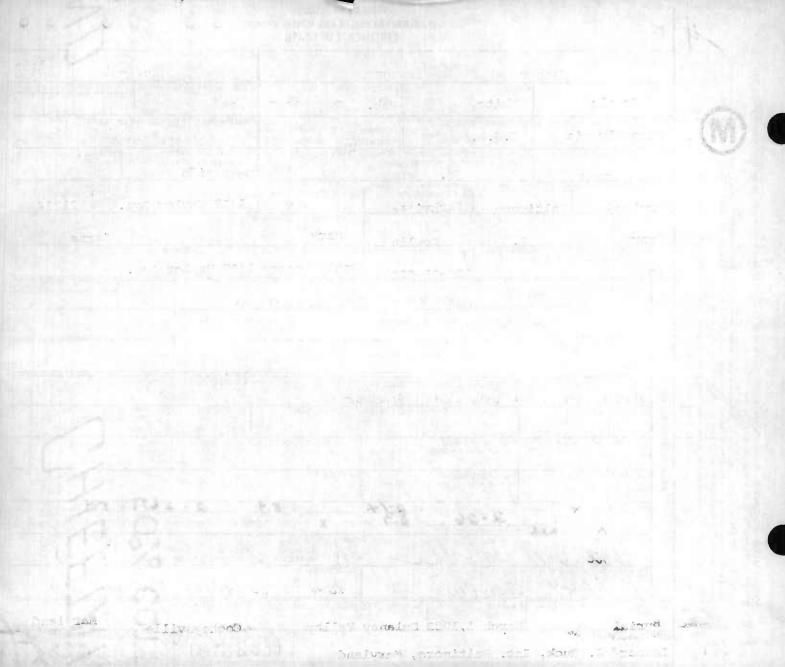
- STATE REGISTRAR REG. NO. LAST 1. DECEASED NAME EIRST 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS 1:55 2-26-83 Esther Beaver A M 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Feb. 1907 le 28, White 75 I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED vania U.S.A. Baltimore County WIDOWED DIVORCED | N OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife St. Joseph wson E LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1437 Taylor Ave. 21234 NOX Baltimore Parkvilla 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Mary Barns A. Dowlin SED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS. 17. INFORMANT LIF YES, GIVE WAR OR DATEST Betty Bussey 1437 Taylor Ave. 220-01-5128 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF DEATH (Enter anly one cause per line for (a), (b), and (c) DEATH WAS CAUSED BY SASTROINTESTINAL BLEEDING. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF if any, which to immediate stating the DUE TO OR AS A CONSEQUENCE OF cause last. HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g RIOSCUEROTIC VASCULAR DISEASE E OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [NT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER) 19 P.M OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE y that (this hospital) ottended the deceased fram_ e deceased alive an and that in (My) (aur) apinian death accurred an the date and haur and from the causes stated (we) (did) (didn t) view the bady after death. DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR | PHYSICIAN IAN'S NAME LAPE OF PRINT 22. ADDRESS Tourson 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION MATION, REMOVAL 23b. DATE CITY OF TOWN Maryland

Leonard J. Ruck, Inc. Baltimore, Maryland

March 1,1983 Dulaney Valley

FEB

250 DATE REC D. BY REGISTRA



21229

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

250. DATE REC'D. BY REGISTRAR

FOR

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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FOR

24 FUNERAL DIRECTOR

Witzke Catonsville Funeral Home, P.A. 21228

DHMH - 16 50M 4/82

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1630 Edmondson Ave., Catonsville, Md 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGN

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OR ATTENDIN e hospital ar o DIRECTOR: Att oched for use os Dept: of Health f Hem 21 is mor			ital) attended the deceased from	DEGREE		te and hour and from the couses stated 22c. DATE SIGNED
TO HOSPITAL TO FUNERAL should be dete with the State MAPORTANT:		22d PHYSICIAN'S NAME (TYPE O	Ginn, M.D.	220 ADDRESS 9000 Frank	Director Physic	IAN 12 2/10/80
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DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FI	UNERAL DIRECTOR NAME ONNELLY	F. H. 300 ADDRESS NA		B 1 7 1983	25k REGISTRAR'S BIGNATURE

STATE OF MARYLAND

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7		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC		17. INFORMA			ADDRE			
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	rion	Conditions, if ony, gave rise to imm cause (a), statin underlying cause	nediate g the last.	DUE TO, OF		MAT JENCE OF	NOT RELATED	TO THE TERM	NiNAL DIS		DITION GIVE	N IN PART 1	
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6	MEDI	21d INJURY OCCURR	ILE 🗌		EET, FACTORY, OFFICE.		21f. LOCATION STREET	NO		CITY OR TO	wN	COUNTY	STATE
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1		DR. S G					6701			ARLES_	STREE.	Γ	
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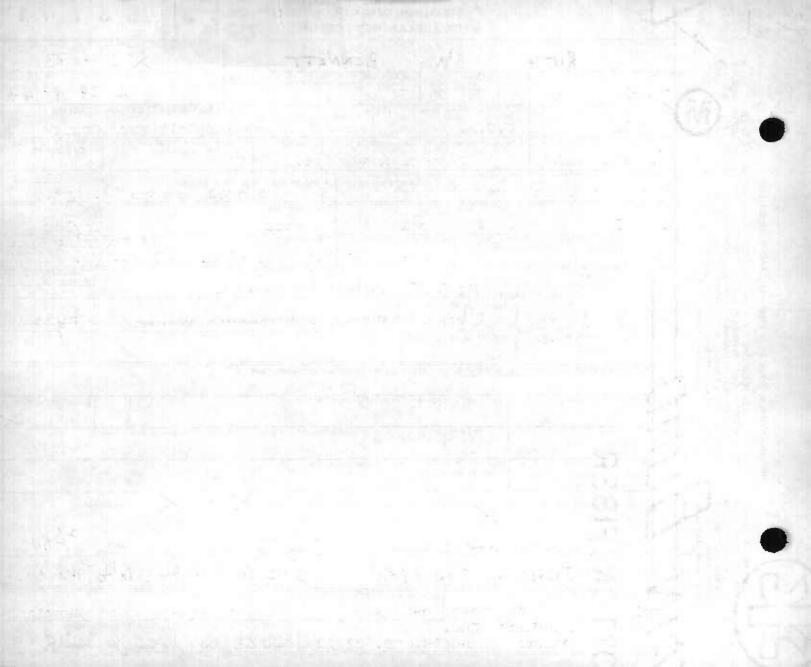
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	DE EXECUTEI ENDING" IN F MEDICAL EXA AS A BURIAL ALTH AND MI CREMATION,	-	PART 2 OTHER SIGN	IFICANT CONDITIONS <u>Co</u>	NTRIBUTING TO DEATH B	JT NDT RELAT	ED TO THE TERMINA	L OISEASE	DR CONDITIDI	N GIVEN IN PA	RT 1 (a),					
2	WILD BE EXE PENDING EF MEDICA SED AS A BU HEALTH AN AL, CREMAN	CERTIFICATION	19a DATE OF O	PERATION	IIII CONIDIT	ONEORY	VHICH OPERAT	1001114	A S DEDECOR	AAEDO				Tea		
1	SHOULD ORD "PE CHIEF A E USED A T OF HEA URIAL, O	FICA	IN DAIL OF G	LINACIOIN	198. CONDIT	ONTORY	VHICH OPERAL	ION W	43 PERFOR	MED?				20 AUTO		
> 7	ATE SE THE CONTROL OF	H.	21a. EXTERNAL	CAUSE WAS	21b. TIME OF			21c. HO	W INJURY	OCCURRE	D (ENTER NATUR	OF INJURY IN ITEM	A 18 PART 1 OR PA	YES ART 2]	U NO.	
ONC	ANT THE STATE OF T		UNDERLYING CONTRIBUTING	OR CAUSE OF DE		MONTH	DAY YEAR									
NSI/	THIS CERTIFICATE SH E, WRITING THE WORK WARDED TO THE CH PACES SHOULD BE US STATE DEPARTMENT 21201 PRIOR TO BUR	MEDICAL	21d. INJURY OC	CURRED	21e PLACE O		(AT HOME,	21f. LOC	ATION		CITY	OR TOWN	60	YTYUG	STATE	
2	13AAAE	2	WHILE AT WORK	AT WORK		TO THE STATE OF TH	-					OR TOWN		UNIT	STATE	
	ATE, ORV ORV ND, S				of the remoins desc	ribed abov	ve, held an	Autaps	y 🔲.	Inspection	n D, In	quiry	ond in my or	pinian		
	MINING BE F		deoth resulted	fram: Notural	couses	Accident	, Suici	de 🔲,	Homic	ide .	Undetermin	ed monner],		1,	
	CER WAR		ACTUAL	TCINA	n 2/2	MA			TILE (S	PECIFY	-		DATE	2/	24/02	
	SHC SHC		SIGNATURE	J.C.Megan	// C (B)	1		M.	0. 1	Andry	MEDICAL	EXAMINER Of 10	SIGNE	D	1183	
	MED SE 4 A EL MED SE A LA L		EXAMINER'S NO (TYPE OR PRINT	AME J.C.RO	SSAN O	Hen	WAN	A	DDRESS	2112	Dunda	IK Am.	, Salt	0-, Md	-2/222	
	TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2	23a. B		ON, REMOVAL 236	DATE	23c. N	AME OF CEME			ORY	23d. LOCAT	ŎN MN	COUL	NTY	STATE	
	BP	Bυ	rial	2	/26/198	3 0	ak Law	'n			Balt	imore		Mar	ryland	
	DHMH - 17	74 5	NAME	^{DR} Duda−R e Avenu	uck, In		MILLI	03.0		ZSO. DATE F	PEC'D. BY REG	ISTRAR 256 RE	GISTRAR'S S	IGNATURE	. 1	
	(VR A15 ME (5))	19	ZZ WIS	e Avenu	e Dun	aalk	, MD.	212	22	LFD	28198	100	my	war	48	



1	1.	FOR - STATE REGISTRAR	DEPARTA	MENT OF HI	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 3	0 3		2
		CEASED NAME FIRST	MIDDLE	U	AST			EAR 2b. HC	
		OLGA	1	BERN	DT		2 25	551	A M
	3. SE	ř= ,	4 RACE	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRT		DAYS HOURS	DER 24 HRS S MIN.
16	7a. BI	IRIHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	7 1885	9 BALTIMORE CITY O	R COUNTY OF DEA	TH	
ノ	1	OUNTRY) .	03	MARRIED	DIVORCED D		oto-Ca	0	MD.
7	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME O		12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON 12b. K	IND OF BUSI	
10		Towson.	Pukersgil			Romema		wn Hom	ie
20	13a. S	STATE NO 136 COLL	70		134 INSIDE CITY-LIMITS?	13e. STREET ADDRESS		212	12
57	14 FA	ATHER'S NAME	The alternation	0	YES NO 15 MOTHER'S MAIDEN NAM	<u> 400 Cedar</u>	croft Roa	d	
00	1	Jehnii	MIDDLE TAST	00	Anna	MIDDLE	Ka:	LAST	
5		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO.	13 INFORMANT	ADDRE	SS	1 0 5	21204
1		No	214-44	-1997	5 Greenk	N .6151	Chestno	TAKE	
		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line for (o), (b), and	/ /	- A + A + A + A + A + A + A + A + A + A	W.	BET	TWEEN ONSET AT	TERVAL ND DEATH
		4140 IMMEDIA	TE CAUSE (o)	ardu	en the	- 4		Endle	da
		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF	Arkerical	erevir He	art	10 4x	Carol.
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		Duca	14	10	
		underlying cause lost	(c)						
	z.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	ART 1(0)	
a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F	INDINGS US	SED ATH?
+	ERTI	21g. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO	YES 🗍	NO NO	
a	ICAL C	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA		THE TOTAL WOOM OCCOME	LED (CINER MAIORE OF HOOF	THE HEAT TO, FACT TORFA	IK : 2)	
1	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY	19	211. LOCATION	CITY OF LOW	VN COUN	714	
1	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.)	SIREEI	CITY OR TOW	VN COUN	IY	STATE
		22a.t certify that (1) (this hosp sow the deceased alive on	ital) attended the deceased from 19		d that in (my) (out) opinion o	to Feb 25	, 19 ond fro		(we) lost
		22h SIGNATURE	Very Estau	ly	PEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F _ 7	DATE SIGNE	_
		22d. PHYSICIAN'S NAME (TYPE C	R PRINT)		22e. ADDRESS	DIRECTOR PHISIC	IAN	-5 0	
		Keith Manl	ey, M.D.		1818 Pot Sp	rings Road	Timonium	. Md. 2	1093
1	23a E	BURIAL, CREMATION, REMOVAL SPECIFY)		NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY		STATE
	В	urial	Feb. 28,1983 L				re, Mar	yland	
		UNERAL DIRECTOR			IK KOAU	REC'D. BY REGISTRAR	25 REGISTRAR'S ST	GNATURE	1
	Ku	ck Towson Funer	al Home, Inc. To	wson,	Md.21204 WAR	1 1983	ound.	want	X

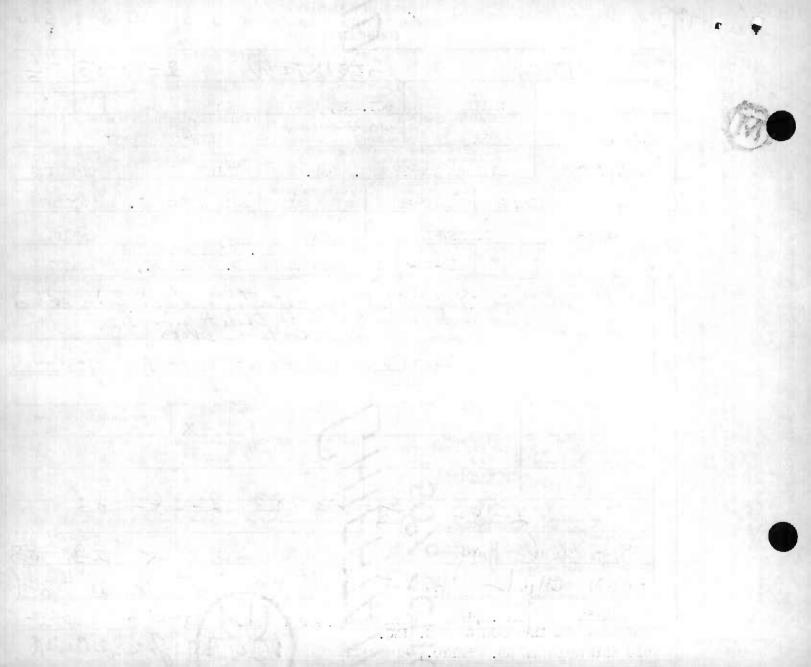
BP. DHMH - 16 50M 1/76

should be detached for use as the burial-transit permit. Then please remaye carbani with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or rem

(VR A 15 (4))

THE RESERVE THE PROPERTY OF THE PARTY OF THE merical state of the land of the state of th Lanca No. 230 Missis 2000. Someon, Lo. 2000 Anish Missis Anish Section 100.

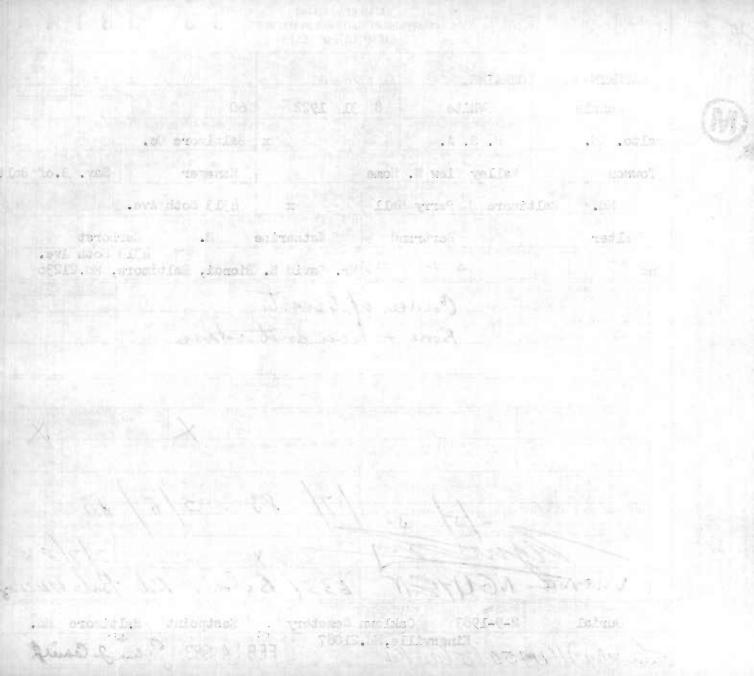
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	e 6 4	1		CEASED NAME FIRST	011	MIDDLE	0	AST	20. DATE OF	EATH MONTH DA	YEAR 2	h HOUR
	oy be death			PER	CY		3	FRNSTE!	1/	2-20	583	5 6M
	if the man		3. SEX		4. RACE		5 DATE (DAY YEAR	6. AGE (IN YEA	RS LAST BIRTHDAY) MC	ONTHS DAYS	FUNDER O HRS.
-		7	_	TALE STATE OF FOREIGN	WHI	TE WHAT COUNTRY?	OCT		82	YRS.		
	NJ 87	7	C	OUNTRY) NGLAND				D X NEVER MARRIED	1	ECITY OR COUNTY O		
_	free the life of life of life	1 1		Y OR TOWN OF DEATH	USA 11. NAME OF	HOSPITAL, NURSIN	G HOME (DR OTHER INSTITUTION	12a. USUAL O	CUPATION	126. KIND OF E	MD.
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212	d in the	1	_	L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET AL		i Cho.	IIIIII
AND	filled nould	0		1.00.00	TIMORE	BALTIMO		YES NOXX		KESTON RD.	#21	1207
RYE	within etely d 2 sl	, 1	4. FA	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA		WIDDLE	ŁAST	
W.	omple Tond			LOUIS		ERNSTEIN		JANE			HARI	RIS
ORE	Pages medico	ľ		AS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES!	166 SOCIAL SECU				LEDDBERNSTE.		
ET IN	0		1			212-03-9		3416 KESTO	N RD.	BALTO., N		207
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	i that the death certificate by the ottending physicia lease remove carbon papers in), cremation, or removal.			18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU 41 40 Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O	PRAS A CONSEQUE	NCEO	van siele Usinas Decelos Lotic he	tract	- bacille	in year	elso
5, 20	gne bur		,	PART 2. OTHER SIGNIFICAN	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDITION GIVEN	N IN PART TO	
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REC	n. nos been permit. In prior ws any ii.	7	CERTIFICATION	90. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP	IN CERTIFY	WERE FINDING	F DEATH?
/ITA	IN: The I hysician. icote hos ransit pe Hygiene 18 shows	2	E .	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR		YES RE OF INJURY IN ITEM 18 PAR		NO 🗌
OF.		- 20	_	OR CONTRIBUTING CAUSE OF D	CAIN	.M. MONTH DA .M.	Y YEAR					
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_	NO III			22a.1 certify that (I) (this has			9-	- 8 - 19 0	7, 10_7	-20-19		ot (I) (we) lost
	ATTE ospite d for d for m 21			sow the deceased alive o above, (I) (we) (did) (did)	not) New the body	ofter death.	0	nd that in (my) (our) opinion	death occurred	on the date and hour o		
	TAL OR y the h RAL DIRI detoche tote Dep			Soon chi	& Ho	ne		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	226. DATE SIC	-83
	etained by the TO FUNERAL D should be detoc with the Stote D MAPORTANT: #			SOON CH	ORPRINT	OHON	19	Balling	TOR CO	untig gen	eral +	tospital
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	BP			DURIAL	MAR.2		ETH Y	EHUDA ANSHE K		BALTIMORE		RYLAND
r	DHMH - 16 50M 4/82	2		NERAL DIRECTOR SUL		AQDRESS		NA/	REC'D. BY REC	SISTRAR 256 AGISTRA	AR'S SIGNATUR	::0
	(VRA 15, 4)	L	6	010 REISTERST	OWN RD.	BALTO., 1	MD 2	1215	41/ O 12	00 /00	- Con con	my



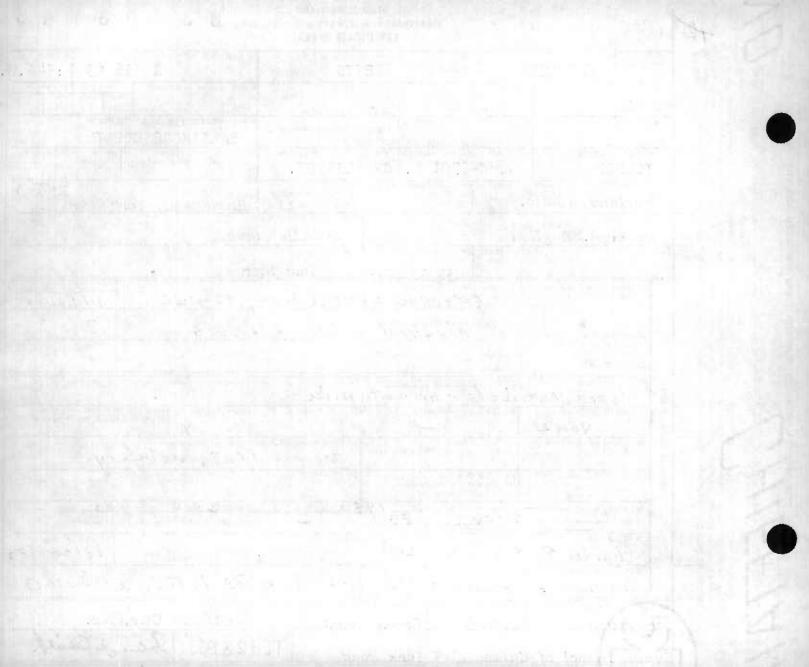
1		FOR	Drn 4 Dr		E OF MARYLAND	2 4	0	7 1	4 4			
	1 -	STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF CERTIFICATE OF DEATH REG. NO.									
		CEASED NAME FIRST	MIDDLE	4	AST		MONTH DAY	YE AR 2b	HOUR			
		KATHRYN AE L	ORRAINE		RAND		7 - 6 -	83	12 PM			
3.	. SEX	Female	RACE White	5. DATE	DF BIRTH 31	6. AGE (IN YEARS LAST BIRT	MONTH		UNDER 24 HRS			
70		RTHPLACE (STATE OR FOREIGN)	b. CITIZEN OF WHAT COUNTRY	8		9 BALTIMORE CITY O	YRS.	DEATH				
35	Ba	lto. Md.	U. S. A.	WIDOW	D NEVER MARRIED DIVORCED	Baltimore			MD.			
90		OWSON	1. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Valley View N.	ADDRESS)	OR OTHER INSTITUTION	12g USUAL OCCUPATE (TYPE OF WORK FOR MOST O Manager		Sav. B				
35	Su S	L RESIDENCE LIF MURSING HOME OR CLEATE 13b COUNT Balt	THER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOV Perry	VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 4313 Sott	Ave.	212	36			
30	FAT	HER'S NAME FIRST Walter	IDDLE LAST Bertra	nd	15. MOTHER'S MAIDEN NAME FIRST	ME	Burh	orst				
		AS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE		Soth A	ve.			
	n		WAR OR DATES) 217-16	-7554	Mr. David B.	Biondi, Bal	timore,	Md.21	236			
20, 20, 20, 20, 20, 20, 20, 20, 20, 20,	z	Conditions, if diny, which gove rise to immediate couse (o1, stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (c) CONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CONE	OITION GIVEN IN	V PART 1(o)				
2	CERTIFICATION	194, DATE OF OPERATION	146. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	796. AUTOPSYT	78h IF YES, WE IN CERTIFYING	CAUSES OF				
100		THE ACCIDENT WAS LINDERLYING OF DEATH OR CONTRIBUTING OF DEATH OF BOTHER NOTES ALD DE ALL EXAMPLES	HOUR A.M. MONTH D	AY YEAR	THE HOW INJURY OCCURR	RED (ENTER NATURE OF NATUR	PUTEM THE PART I C					
	MEDICAL	YIN INJURY OCCURRED	21st PLACE OF INJURY (AT HOME, LIFEET, AACTOR), DIFFICE.		III. LOCATION	ÇIR OF IQV	1.1	OUNT	NAME			
		72s.f certify that III (this haspite saw the deceased alive on above, III) we (did) (did seri 22h SIGNATURE	2/57 10	_	That in my) (our) apinion of DEGREE	death occurred on the da	1	from the coun	(I) (we) lost es stated			
	1	PHYSICIAN'S NAME	NGYTE	r	PHYSICIAN D	clair,		Balo 1	40212			
23		JRIAL, CREMATION, REMOVAL PECIFY) Burial			EMETERY OR CREMATORY Cemetery	23d LOCATION CITY OR TOWN Eastpoint	Balt	imore	Md.			
24	FU	NEBAL DIRECTOR	Kingsyil	le Md	.21087 25a. DATE	R 1 4 1983	Sh PEGISTRAR'S	SIGNATURE	int			

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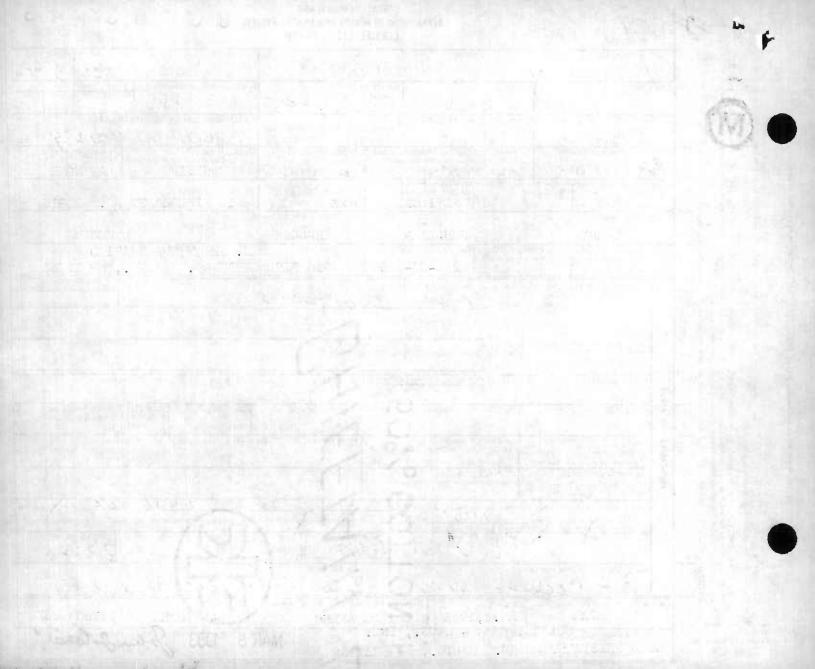
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e Pe		CEASED NAME FIRST KATHLES	-	nglish		TTS	2a. DATE OF DEATH	2 18		:54A N
4 moy	3. SE.		4. RACE	7 .4	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF I		HOURS MIN.
rect urs o		nale		hite	May	31, 1902	80	YRS.		
deoth. Per John 19 19 19 19 19 19 19 19 19 19 19 19 19		RTHPLACE (STATE OR FOREIGN COUNTRY)		what country? anada	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O		JNTY	MD.
the fu	10. C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		RLES ST.	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O		12b. KIND OF INDUSTRY	BUSINESS OR
MARYLAND 21201 ed within 24 hours of mpletely filled in by ond 2 should be file eforminer fluyst be ro	13g. S M	al RESIDENCE (IF NURSING HOME OF STATE 136 CQUI aryland Balt	OTHER INSTITUTION	GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS? YES NOXXX	13e. STREET ADDRESS Broadmea	d, Yor	k Road	21030
MARYI ed with mpletel ond 2 s		Homer A. Engl	ish	LAST		Is MOTHER'S MAIDEN NA	MIDDLE		LAST	
BALTIMORE, cote be execut to be execut appers. Pages 1 vol. tr, the medical		VAS DECEASED EVER IN U.S. AR (18 YES, NO OR UNKNOWN) (18 YES, GIV	MED FORCES? /E WAR OR DATES)	166. SOCIAL SECT	271.7	17. INFORMANT Daught	ter	SS		
ST., g ph sonp remo		4310	TE CAUSE (0)	RAS A CONSEQU	L HI	EMORRHAGE arteriò son		e,	APPROXIMA BETWEEN ON 14 H	CUTS
DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN: The low requires that the death c. ther this certificate has been signed by the ottendin os the burial-transit permit. Then please remove cart though Mental Hygiene prior to burial, cremation, or orked or Item 18 shows any injury, or other troumatic		Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT (CONDITIONS C	R AS A CONSEOU	ENCE OF	NOT RELATED TO THE TERA		DITION GIVEN	IN PART 1(0	
RECORDS low requi	CERTIFICATION	198. DATE OF OPERATION		avarr		N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, V	VERE FINDING	S USED OF DEATH?
TAL The cicion.	7	None	-				YES NO X	YES [NO []
SION OF VITA PHYSICIAN: TI ending physicia this certificate te buriol-fronsi ad Mentol Hygi d or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.		AY YEAR	WO acci		o cayo	1 OR PART 2)	
IVISION Offendin ter this of the burn ond Me	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK		OF INJURY REET, FACTORY OFFICE, I	FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
ATTENDIN rispital or CTOR: Af Afor use of Health		22a. I certify that (I) (this haspi sow the deceased alive an above, (I) (we) (did) (did no	2 Feb	19.8		d that in (my) (ew) opinion	deoth occurred on the de		nd from the co	
by the hor by the both		Charles E.	Ellic	ou 1	W		MEDICAL STAI	FF IAN 🗌	18F	EB 198
TO HOSPITAL retoined by th TO FUNERAL should be detr with the Stote	CHARLES E, ELLICOTT MJ 1134 YORK RD LU							erville	Mb	1093
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Cemation	236 DATE 2/19/8			EMETERY OR CREMATORY Mount	23d. LOCATION Baltimore			STATE
DHMH - 16 50M 4/82		JNERAL DIRECTOR	<i>α</i> ¹ :	ADDRESS	, ,	25a. DA	TE REC'D. BY REGISTRAR	257 EGISTRA	R'S SIGNATU	welf



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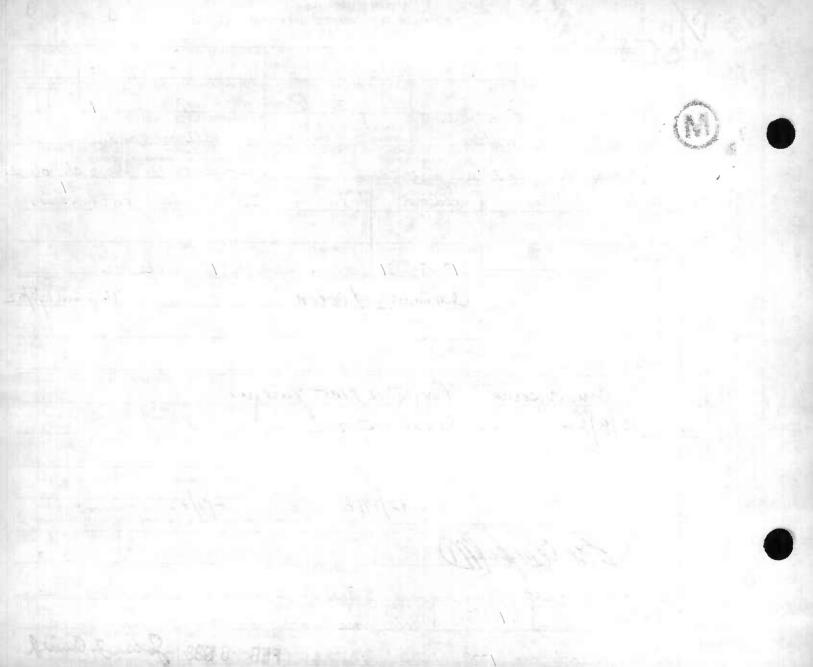
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

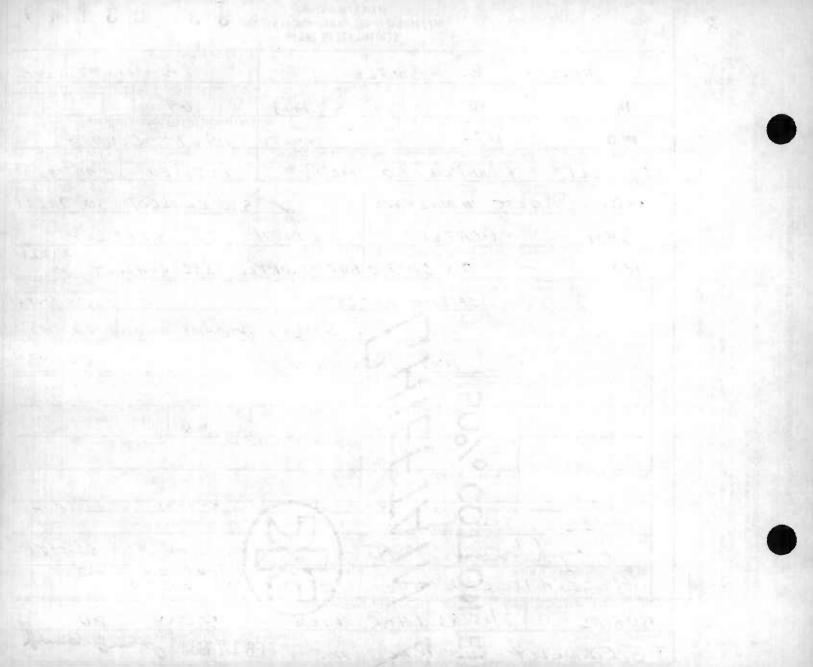


3	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND MENTAL HY		3 EG. NO.	0 3	4/
		CEASED NAME FIRS			AIDDLE		IST	20. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
noy be poge 3		LI	LLIAN				BITTNER	JANUAF		4, 1983	11:30 A
E G	3. SE	K	4. RA			5. DATE O		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
(養養)	2 01	FEMALE		WHITE			SEPTEMBER 14,1911			RS.	
1 17		RTHPLACE (STATE OR FOREIG		U.S.A.	WHAT COUNT	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEAT BALTIMORE COUNTY			
within fied of	10 CI	TY OR TOWN OF DEATH			OSPITAL, NUF		R OTHER INSTITUTION	120. USUAL OCC	UPATION	12b, KIND	HUCHILD
B 200		ATONSVILLE		1200	VESTERL	EE PL'AC	E APT. 2D	CASHIER-	BILLI	VGDEPT .	KOHN
ould be		AL RESIDENCE (IF NURSING HOTTATE 13b. (NG HOME OR OTHER INSTITUTION. 136. COUNTY BALTIMORE				13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 1200 WESTERLEE PLA		EE PLACE	21228 APT. 2D
ond 2 sh	14. FA	THER'S NAME FIRST UNKNOWN	MIDDLI	Ē	POWERS		15. MOTHER'S MAIDEN N		DDLE	t.	UNKNOWN
Poge medic		VAS DECEASED EVER IN U. (IF Y	.S. ARMED YES, GIVE WAR		166 SOCIAL SI 216-05		17 INFORMANT EARL M. BIT		ADDRESS NE AS 7		XIMATE INTERVAL
n signed by the ottending physicio Then please remove corbon popers Do briol, cremotion, or removol injury, or other froumotic event, the	ION	Conditions, if any, which gove rise to immedia couse (0), stoting the underlying couse lost	ch ste	DUE TO, OF	R AS A CONSE	GUENCE OF GY he	Myocana Nyocana NOT RELATED TO THE TER	LILD Care MINAL DISEASE OF	Libras	et on 1/2	br.
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After this certificate hos se os the buriol-fronsit per coll bond Mental Hygiane morked or Item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH	21b. TIME OI HOUR A./ P./	M. MONTH	DAY YEAR	214. HOW INJURY OCCU	RRED (ENTER NATURE	of injury in ite	M 18 PART I OR PART 2)	
s the buriol ond Ment rked or Iten	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE EAT WORK		21e. PLACE (OF INJURY BET, FACTORY, OFF	CE, FARM, ETC }	211. LOCATION STREET	Cr	TY OR TOWN	COUNTY	STATE
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hould with the WPOR		JEFFERY CO		n.D.			3455 WILKE			IMORE, MI	21229
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								GT	21221
	18. CAUSE OF DEATH (Enter	only one couse pe	r line for (o), (b), one	d (c+.)				APPROXI BETWEEN	MATE INTERVAL
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230.	BURIAL, CREMATION, REMOV		/	NAME OF C	*	CITY OR TOWN	7	OUNTY A	STATE
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J	.6. COUNE	47 3	00 MI	765	AUE	-FR T 1 1883	0	-0	
	3. SE 10. C 13.0. 14. F 13.0.	1. DECEASED NAME (TYPE OR PRINT) (TYPE	1. DECEASED NAME (TYPE OR PRINT) (HARLES) 3. SEX 4. RACE M 10. CITY OR TOWN OF DEATH 11. NAME OF (IF NOT IN SUIT 130. STATE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 131. STATE 131. STATE 132. STATE 133. COUNTY 14. ACTO 14. FATHER'S NAME FIRST ADDLE 18. CAUSE OF DEATH IENTED DILY ONE COUSE DE PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. (c) PART 2. OTHER SIGNIFICANT CONDITIONS C 190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING AT WORK 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING AT WORK 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING AT WORK 210. ACCIDENT WAS UNDERLYING AT WORK 210. ACCIDENT WAS UNDERLYING AT WORK 210. ACCIDENT WAS UNDERLYING 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P 210. ACCIDENT WAS UNDERLYING AT WORK 210. ACCIDENT WAS UNDERLYING AT WORK 210. PLACE (AT MOME ST AT WORK 210. PLACE (AT MOME ST AT WORK 220. I certify that (1) (this hospital) oftended the saw the deceased alive on Obove, (A) (web) (died) (died not) view the body The SIGNIFY HAVE 230. BURIAL, CREMATION, REMOVAL 230. BURIAL, CREMATION, REMOVAL 231. DATE 232. FUNERAL DIRECTOR	T. DECEASED NAME (TYPE OR PRINT) (HIPKES W. B. 3. SEX M. A. RACE W. J. STRITHPLACE (STATE OR FOREIGN COUNTRY) (COUNTRY) (IN CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSIN USDAL RESIDENCE (F NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE II. SOUNTY III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE II. STATE USUAL RESIDENCE (F NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE II. STATE USUAL RESIDENCE (F NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE II. STATE USUAL RESIDENCE (F NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE II. STATE USUAL RESIDENCE (F NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE II. STATE USUAL RESIDENCE (F NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE II. STATE USUAL RESIDENCE (F NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE II. STATE USUAL RESIDENCE (F NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE III. STATE USUAL RESIDENCE (F NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE III. STATE III. CAUSE OF DEATH IE. II. STATE (18 CAUSE OF DEATH IE. II. STATE (18 CAUSE OF DEATH IE. II. STATE (19 CAUSE OF INJURY (19 CAUSE OF DEATH IE. II. STATE (19 CAUSE OF DEATH IE. III. STATE (19 CAUSE OF INJURY (19 CAUSE OF DEATH IE. III. STATE (19 CAUSE OF DEATH III. STATE (19 CAUSE OF OTHER INSTI	T. DECEASED NAME (TYPE OR PRINT) (HIPPES W. BORTL (MODITE W. W.) (HIPPES W. BORTL (MODITE W.) (M	T. DECEASED NAME (TYPE OR PRINT) CHARLES W. BORTLE 3. SEX 4. RACE S. DATE OF BIRTH MODIE J. DAY J. CITIZEN OF WHAT COUNTRY? WIDOWED DAY J. CITIZEN OF WHAT COUNTRY? WIDOWED TO MORRED WIDOWED DAY J. CITIZEN OF WHAT COUNTRY? WIDOWED DAY J. CITIZEN OF WHAT COUNTRY? WIDOWED TO MORRED THE STATE ADDRESS OF DEATH III. NAME OF HOSSITAL, NURSING FOME OR OTHER INSTITUTION III. CAUSE OF DEATH III. NAME OF HOSSITAL, NURSING HOME OR OTHER INSTITUTION III. CAUSE OF DEATH III. NAME OF HOSSITAL, NURSING HOME OR OTHER INSTITUTION III. CAUSE OF DEATH III. DAY J. CITIZEN OF WHAT COUNTRY III. NAME OF HOSSITAL, NURSING HOME OR OTHER INSTITUTION III. CAUSE OF DEATH III. DAY J. CITIZEN OF WHAT COUNTRY III. DAY J. CITIZEN OF WHAT COUNTRY III. NAME OF HOSSITAL, NURSING HOME OR OTHER INSTITUTION III. CAUSE OF DEATH III. DAY J. CITIZEN OF WHAT COUNTRY III. DAY J. CITIZEN OF WHAT COUNTRY III. NAME OF HOSSITAL, NURSING HOME OR OTHER INSTITUTION III. CAUSE OF DEATH III. DAY J. CITIZEN OF WHAT COUNTRY III. NAME DIACREMAN OR DATE J. CITIZEN OF WHAT COUNTRY III. NAME DIACREMAN OR DATE J. CITIZEN OF WHAT COUNTRY III. SOUNTRY J. CITIZEN OF WHAT COUNTRY J. S. OD ON THE INSTITUTION J. MODIE J. MODIE	I. DECEASED NAME (TYPE OF PRINT) I. DECEASED NAME (TYPE OF PRINT) I. DECEASED NAME (TYPE OF PRINT) I. DATE OF DEATH I. PART LE I. DATE OF BIRTH ONT ONT ONT ONT ONT ONT ONT O	The DECEASED NAME THIS WIDDLE ASSED NAME THIS SEX A RACE S. DATE OF BRITH SEX MARRIED PRITH SEX MA	TOECRASED NAME 1981 TOECRASED NAME 1981 THE PRINCE NAME 1981 TH



Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

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STATE OF MARYLAND

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		country Maryland	U.S.A.	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
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1 58		BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE ST	(IF NOT IN SUCH FACILITY, GIVE STREET AGORESS) ST. JOSEPH HOSP		(TYPE OF WORK FOR MOST OF WORKING LIFE Homemaker	
B5	13a.	AL RESIDENCE I IF NURSING HOME OR STATE 136 COUN Maryland Bal	ROTHER INSTITUTION, GIVE RESIDENCE BE NTY 131. CITY OR TO Limore Annesl	OWN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 505 Dunkirk Rd	21212
030	14. F.	John Alph	nonsus Power		Is. MOTHER'S MAIDEN NA	Olive	Sultzer
/ Foger	16a.	WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SI VE WAR OR DATES) 212-05		Mr. J.Paul Bi	ADDRESS rehm 505 Dunkirk	
emove corton pare motion, or removal r froumotic event.		PART I. DE ATH WAS CAUSE	DUE TO, OR AS A CONSE	Clar C	Carlandos	faction 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 Harm
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f Heolth		220.1 certify that (IX) this haspi	ital) attended the deceased fro Feb. 26		24 , 19.83	to Feb. 26	19_83, that (K(we) last
should be detoched for use with the State Dept. of Heo IMPORTANT: If them 21 is m		22b. SIGNATURE	(iview the body after death.		DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	2/26/83
should be del		BERNADS	Knamens J	140	7620 Y	ork Rd. Baltimo	ore, Md. 2120
	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			emetery or crematory Ly Redeemer	23d LOCATION CITY OF TOWN Baltimore	COUNTY STATE Marvlan
50M 4/B2 5, 4)	24. F Mi	uneral director tchell-Wiedefel			25n DA	AR 4 1983 Fac.	RAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) **ESTI** Jimmie Dale DEATH MATED Brown 4. RACE IF UNDER 1 YR. PATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HR DATE LAST BIRTHDAY) PRONOUNCED DEAD White 19 31 51 YRS Male 76. CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY USA Balto. County Virginia WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK RETAIN PAGE HOULD BE FILL RECORDS, 20 CRINDUSTRY Electronics Greater Balto. Med. Data Manager Towson 21030 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES NO X 301A. Limestone Valley Dr. 130 STATE 13b. COUNTY Cockeysville Md. Balto. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE CAST MIDDLE FIRST AND Gill Brown Alabona Leroy 21030 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) Yes 223-38-3874 Marie Brown, 301A Limestone Valley DIVISIO 1950 - 1976 18 CAUSE OF DEATH (Enter only one cause per limit) ALONG W DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OH ASA Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last BURIAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRINITING TO DEATH RUT NOT RELATED TO THE TEXAMONE. ED AS A CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BURI ENTHE C. YES [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 WARDED TO THE PAGE 3 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f LOCATION (AT HOME STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Hamicide Undetermined manner Charles F. O'Donnell, M.D. ADDRESS 7501 York Rd., Towson, Md. 21204 230.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 236. LOCATION Balto. Md. 2/7/83 Burial Dulaney Valley Ceme. Timonium 24. FUNERAL DIRECTOR **DHMH-17** Padonia Rd. 21093 Martin D. Lawson, (VR A15 ME (5) 15M 2/80

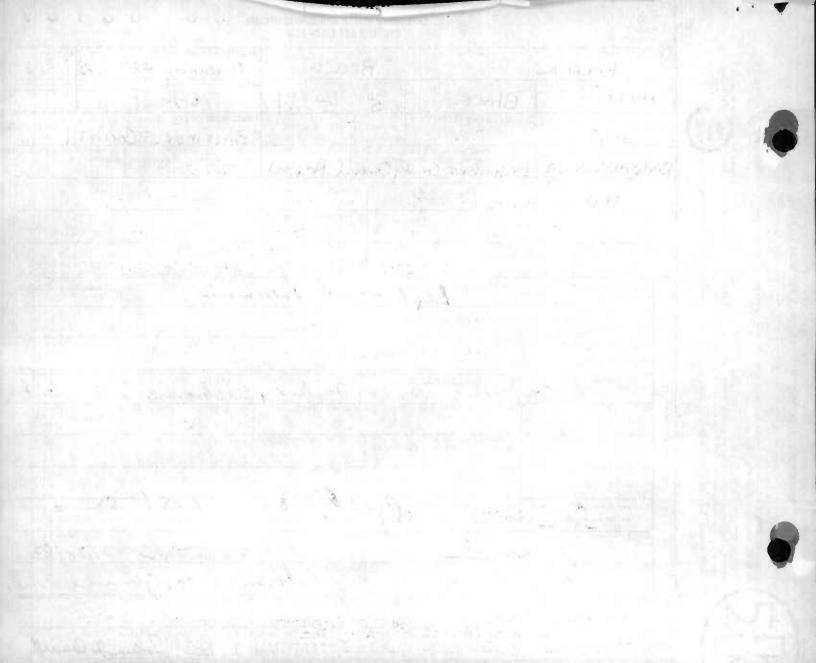
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moy , pag	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF	_	IF UNDER 24 HRS
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dicol		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDRI			
n ond c		no	C WAR OR DATES)	414-16-	0620	Annabelle B	roadwater 12	50T 01q	N.Pt.I	Rd.21222
equires that the death in signed by the ottendi Then please remove cor r to burial, cremation, a injury, or other troumost	z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR (c) CONDITIONS CO		UENCE OF		MINAL DISEASE OR CON	DITION GIVER	V IN PART 1(a	
low req	CERTIFICATION	SQUAMOUS CE		OF PHAL		OF LUNG N WAS PERFORMED	200 AUTOPSY?	206. IF YES,	WERE FINDING	GS USED OF DEATH?
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TTEN pitol TOR: for us of He		22a.1 certify that (I) (this hasp sow the deceased alive or abave, (I) (we) (did) (did no		19.		B 14 , 19 8 d that in (my) (our) opinion	3 to FEB death occurred on the d	1.7 ote and hour	05	nat (I) (we) lost cruses stoted
he he he coche		226. SIGNATURE	taker		N	ATTENDING PHYSICIAN	MEDICAL STA ☐ DIRECTOR ☐ PHYSIC		22c. DATE S	IGNED
HOSPI Poined b Suld be the fiber of the Signature of the		DR L WHIT				22e. ADDRESS				
S S S S S S S S S S S S S S S S S S S		URIAL, CREMATION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
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STATE OF MARYLAND

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and 2 sh	14. F/	THER'S NAME FIRST Harry		F.	Br	uner	15 MOTHER'S	MAIDEN NA/		DDLE	F	tz	
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n and co	1	YES NO OR UNKNOWN)	WW	II DATES	220-03	-2196	Micha	el S. E	runer 43	0 Monte	emar Ave	2122	
sicio pers ol.		18 CAUSE OF DEATH	(Enter on	ly one cause per	r line for (a), (b), and (c).)					BETWEEN	MATE INTERVAL	
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low re spermit.	CERTIFICATION	19a. DATE OF OPERATI	ON	196. COND	NDITION FOR WHICH OPERATIO		RATION WAS PERFORMED		20a AUTOPSY? 20b. IF YES		YES, WERE FINDING TIFYING CAUSES		
The It is in the I	1 2										YES 🗌	NO [
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Spite Spite CTO d for n 21		sow the deceased above, (H(we) (di	d) (due no	t) view the body	ofter death.	19		(our) opinion	deoth occurred or	the date and h	our and from the		
the hosp the hosp of DIREC etoched the Dept.		276 SIGNATURE DEGREE M. B. B. S. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN										SIGNED	
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Of of S	230.	BURIAL, CREMATION, R				23t. NAME OF	CEMETERY OR		23d. LOCATIO	N			
BP		(SPECIFY) Buria		2/24/	/83		Park Ce		Balti	nore	COUNTY	ary land	
	24 F	UNERAL DIRECTOR					229				ISTRAP'S SIGNAT		
DHMH - 16 50M 4/B2 (VRA 15, 4)	u.	thhard Fun	era1	Home.	Inc. 2º			. FF	3 2 3 198	3 70	2.6	week	

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/		FOR STATE REGISTRAR				ARTMENT	RT IFIC	OF MARYLAND ALTH AND MENTA CATE OF DEATH			S REG. N		3	1	655	P.A
-0		CEASED NAME	BERNA BERNA		R.		CA'	MERON		2a. DATE OF	F DEATH	2 5		YEAR	26 HOV	100
1	2. SE	X	DHILL	4 RACE	100	5. D	ATE OF			6. AGE (INY	EARS LAST BIR		IF UNDER	$I\Delta$	IF UNDER	M 24 HRS
-		Male		Wh	ite	4	MONTH	9 18	95	8	7	YRS.	MONTHS	DAYS	HOURS	MIN.
VI	L	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana		U.S.A. WIDOW		DOWED			Baltimore County Baltimore County							
55	Ra	ndallstown		Balti	nore Co	ounty	Gen	other institution eral Hosp		TYPE OF WOR Mai		F WORKING L	FE) J.S	IND OF	ost	Off.
36	13a.	aryland	131 COUN	ITY	Baltin	TOWN nore]1	3d. INSIDE CITY LIMI YES 1 NO [13e. STREET 1915	ADDRESS Casad	el Av	enue	2	1230	
20		Willis		Cameron			15. MOTHER'S MAIDEN NAM Estelle		MIDDIE M.		Clark					
2		vas deceased ever f yes, no or unknown) YES		WAR OR DATES)	21/3-54			7 INFORMANT Kenneth E	. Ca	meron	4087		well	La	ne ²¹	227
	z	Canditians, if any, gave rise to imm couse (a), stating underlying cause	ediate the last.	(b) DUE TO, O	R AS A CONS	EOUENCE	OF	OT RELATED TO THE	TERMIN	NAL DISEAS	E OR CON	DITION GIV	VEN IN P	ART 1(c),/	/
MEDICAL CERTIFICATION		19a. DATE OF OPERATION 19b. CON			DITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 20b. IF YES, WERE FIN CERTIFYING CAI							
		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK NOT WHILE AT WORK AT WORK AT WORK TO WHILE														
		220.1 certify that (I/ this haspital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19														
1		U-NA	RA	YET	V			old Cou	nt	Rl	ba	lto	2/2	67	-	
		URIAL, CREMATION, F	EMOVAL	DA DATE	2			NETERY OR CREMAT		23d. LOCA	OB LOWN	175	COUNTY	M	(a my 1	المطلانا

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and

DHMH - 16 50M 1/B1 (VRA 15, 4)

Burial 2/9/83 Baltimore Natl. Cem.

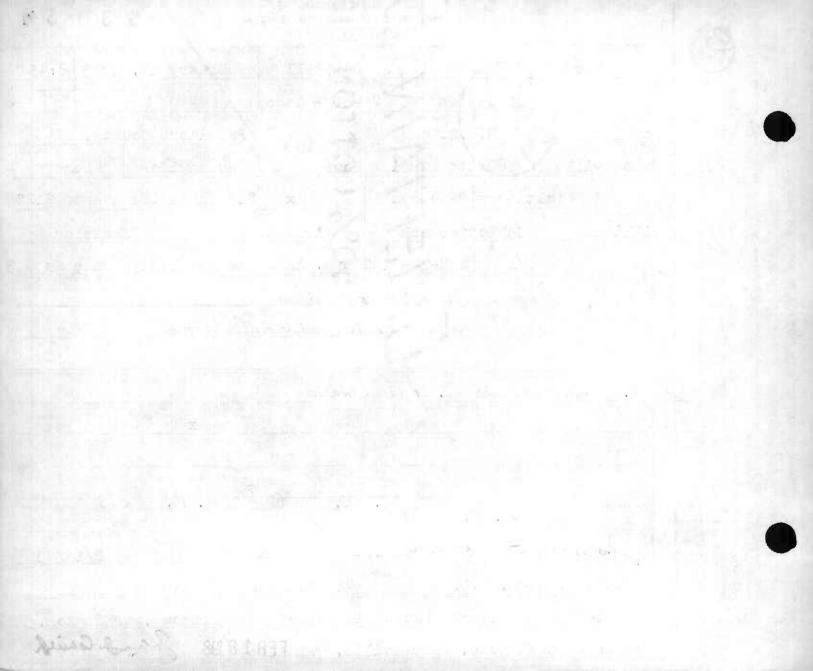
24. FUNERAL DIRECTOR
Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

23d LOCATION
Baltimore FEB 9 1983

COUNTY Mary land

The state of the s

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



injury, or other troumatic

MPORTANT: If hem 21 is marked or hem 18 shows any

)	1-	FOR STATE REGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGI CATE OF DEATH	ENE 8 5	0 3 1 6 2
		CEASED NAME FIRE		t,	AST	20. DATE OF DEATH MONTH	OAY YEAR 2b. HOUR
		EMMETI	L.	CAMI	PBELL	February 20	
7	3. SE	X	4. RACE	5. DATE O	F BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
1		ale	White	Apr	1 21, 1918		RS.
V		IRTHPLACE (STATE OR FOREIG	76. CITIZEN OF WHAT	COUNTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR COL	JNTY OF DEATH
		ew Jersey	U.S.A.	WIDOWE	_	Baltimore C	ounty. MD.
	10. C1	ITY OR TOWN OF DEATH		ITAL, NURSING HOME O	ROTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
0	21	1239	11		Rd.	Salesman	Food
1			OME OR OTHER INSTITUTION, GIVE R	ESIDENCE BEFORE ADMISSION)	136. INSIDE CITY LIMITS?	134 STREET ADDRESS	
0	Ma	aryland H		1239	YES NO X		Hill Rd. 21239
	14. FA	ATHER'S NAME	WIDOLE	LAST	15. MOTHER'S MAIDEN NAM	AE MIODLE	LAST
0	Ge	eorge		mpbell	Mary	Mode	Ryan
	Ye	Canditions, if any, whi gave rise to immedia cause (a), stating to underlying cause la	ther only one cause per line for AUSED BY: EDIATE CAUSE (a) S DUE TO, OR AS (b) (b) (b) (b) (c) (c) (c)	a CONSEQUENCE OF	carcinoma l	NAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	N WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\sum \text{NO} \square \text{NO} \square
3		210. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX.	OF DEATH HOUR A.M.		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2]
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, FA	JURY ICTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	4	saw the deceased ali	did nat) view the bady lifter	2 19 73 , an death.	d that in (my) (aux) opinion of opegree ATTENDING PHYSICIAN 1720. ADDRESS	. to	hour and from the causes stated 22c. DATE SIGNED Felician 2.1, 1483
1		Scott D.		Du	Johns Hopkins	Oncolony Canter	Bultimore md.

BP.

DHMH - 16 50M 4/B2 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation

23b. DATE

Johnson

23c. NAME OF CEMETERY OR CREMATORY Mount

COUNTY

STATE

24. FUNERAL DIRECTOR
William E

83

ey or CREMATORY 23d LOCATION CITY OF TOWN

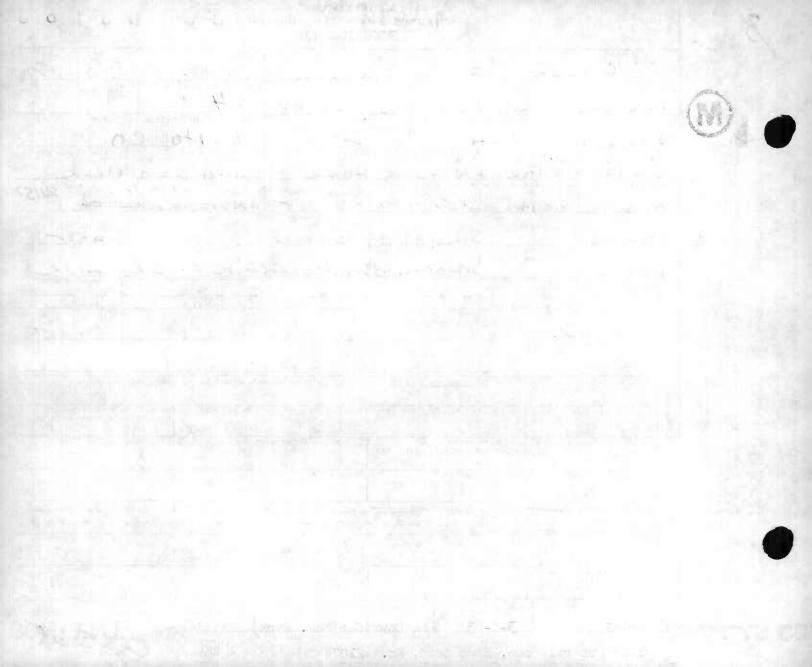
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250. DATE REC D. BY REGISTRAR PROPER

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1		500		STATE OF MARYLAND	1.1	2	0 7 1	6 .
	1.	FOR STATE REGISTRAR	0	EPARTMENT OF HEALTH AND MEI CERTIFICATE OF DEA	ATH .	O	U 3 1	0
	1 DE	CEASED NAME FIRST	MIDDLE	LAST	Ze. DATE OF DE	REG. NO.	DAY YEAR 2h	HOUR
E	TYPE	OR PRINT]	0	X	A.ln.	25	- Ada 11	live -
gean gean	3. SE	Grace	4 RACE	Is, DATE OF BIRTH	6. AGE IN YEARS	HOLY LO	SE UNDER LYEAR HO	NDER 24 HRS
1			T RACE	MONTH DAY	YEAR	(AST MININGAT)	MONTHS DAYS HO	
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		OUNTRY)	76 CITIZEN OF WHAT CO	MARRIED NEVER MAR	RRIED BALTIMORE	CITY OR COUNT	Y OF DEATH	
34	10.0	Irginia	USA	WIDOWED DIVOI		1+0.	O.	м
6/1	100	REISTERSTOWN	(IF NOT IN SUCH FACILITY, G	NURSING HOME OR OTHER INSTITUTIVE STREET ADDRESS)		CUPATION R MOST OF WORKING L	12b. KIND OF BU	S INESS OF
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575	130	AL RESIDENCE (IF NURSING HOME OF	THER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION) OR TOWN 13d, INSIDE CITY	LIMITS? 13e STREET ADI	DRESS#10	Poole Rd	2115
E	1	nd Ba	175- West	MINSTER YES NO	O D Valor	CO WEST	Col.	-110
ex.	M FA	THER'S NAME	AIDDLE	IS MOTHER'S M	AIDEN NAME	MODIE	TZAL	190
ag De	0	harles	Sie		ce	NOTE:	Bake	
E)		VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCI	ALSECURITY NO. 17 INFORMANT		ADDRESS		
6		1074	217-	03-8643 Condre	a White	51100	En Head R	1
even		18 CAUSE OF DEATH (Enter on	ly one couse per line for to	1, (b), and (c).	1-1		APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
		PART I. DEATH WAS CAUSE	E CAUSE (O)	Lo respirate	my facle	11 3	2 de	m.
traumatic		4467	DUE TO, OR AS A CO	NISEOUENCE OF	1011			0 ,
er tre		Conditions, if ony, which	(b) Per	The Meer	disease		2mm	nethy
other		gave rise to immediate cause (a), stating the	DUE TO, OR AS ALCO	NSLQUENCE OF /		1 2		
ŏ		underlying cause lost.	DUE TO, OR ASAICO	Elly mall soai	i aknera	ln. U	Ven	10
ńlary,		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE O	R CONDITION G	VEN IN PART 1(0)	
>	Q			100	V		0	
3 //	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORM	ED 200 AUTOPS		S, WERE FINDINGS	
18 54	TIE		1 1 27 10 1		YES N	and I	IFYING CAUSES OF I	O
9	CER	216 ACCIDENT WAS UNDERLYING		21c HOW INJUR	RY OCCURRED (ENTER NATURE	OF INJURY IN ITEM 18,	PART 1 OR PART 2)	
7	¥	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MON	19				
1	MEDICAL	21d INJURY OCCURRED	210 PLACE OF INJURY	211 LOCATION		TY OR TOWN	COUNTY	-
	¥	WHILE NOT WHILE D	(AT HOME, STREET, FACTOR)	Y, OFFICE, FARM, ETC. STREET	Ci	TORTOWN	COUNTY	STATE
is marked		220.1 certify that (I) (this beauty	all attended the decease	d from	19 8 2 10	2-25	19 8 3 that	(I) (we)-los
n 21		saw the deceased olive on	2-25	1983 , and that in (my) (av	opinion death accurred a	n the date and ha	our and from the cous	es stated
If Item		above, (I) (did (did not) 22b. SIGNATURE	wew the body offer deof	DEGREE			224. DATE SIGN	NED _
		10:4 11-11	1000	M AC ATTE	NDING MEDICAL	STAFF	12-50	8
PETANT		226 PHYSICIAN'S NAME ITHE OF	PRINT)	220 ADDRESS	SICIAN DIRECTOR	PHISICIANL	10 23	()
O. H		O.F MCUI	Hinw- M	11924	16,01600	818615	1505t. 111	19/51
2+	270 4	SURIAL, CREMATION, REMOVAL	1216 DATE	132 NAME OF CEMETERY OF COL	MATORY 236. LOCATIO	MY KLIJ	LNSUNN I	Mall
	230 (SPECIFY)		231 NAME OF CEMETERY OF CRE	CITY OR TO	MN	COUNTY	STATE
	24 5	Burial UNERAL DIRECTOR	3-1-83	Meadowridge Mem	Park Balt	imore	TDAD'S SICLERIAN	Md
25M	24 (1	Eline Funeral	Homo Homo	DRESS	FEB 28 198	3 Jak	THAN SOLUTION	U.S.
1/79		ETTHE Pulleral	namps t	ead, Md. 21074	1 1 1 2 0 10	1		



Baltimore. Md.

FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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IMPORTANT:

CERTIFICATION

MEDICAL

	DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0	3 1	6 5				
	MIDDLE	L	AST	20 DATE OF DEATH		Y YEAR	2b HOUR				
	М.	CAF	FINE	February	11, 1	983	10 P. M				
White		S. DATE OF FEDE	F BIRTH	6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.				
U.S.A	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DO DIVORCED	9. BALTIMORE CITY O Baltimore	R COUNTY C		MD				
	HOSPITAL, NURSING HEACILITY GIVE STREET A Breeze Bra	DDDESSI	rother institution Court Apt. E	120 USUAL OCCUPATION STEERINGS OF WORK FOR MOST OF STEERINGS OF STEERI		I26. KIND C INDUSTRY Cal 4:	F BUSINESS OR				
r institution, re	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NOXIX	13e STREET ADDRESS 4 Breeze E	Branch	Ct. 2	L093				
Ē	Carfine		IS MOTHER'S MAIDEN NAM	FIRST MIDDLE LAST							
FORCES? OR DATES)	216-03-4		Mrs. Evelyn	Carfine 4 F		Branch	n Ct.				
USE (a)	line far (a), (b), and	A	rrest			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH				
(b)	R AS A CONSEQUE	1	orney arte	ty Diseas	e						
4	ONTRIBUTING TO D	PUC.	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N IN PART 110	' '				
196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO NO		WERE FINDING CAUSES					
21b. TIME O HOUR A. P.,		Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM IB PAR	TH OR PART 2)					
PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE				
ittended th	e deceased from	83, on	d that in (my) (aur) opinian o	, to	Ces., 19 ote and hour o		that (1) (we) last				

Baltimor Maryland 4 FATHER'S NAME MIDDLE Nazarene WAS DECEASED EVER IN U.S. ARMED FO YES NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter anly one ca PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE Conditions, if any, gave rise to immediate cause (a), stoting the DUE underlying couse last. PART 2. OTHER SIGNIFICANT CONDITI 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING HC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. LATE NOT WHILE 22a. I certify that (1) (this hospital) atter saw the degeased alive an. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 2.14.83 ATTENDING 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) Mahmood Alikhan, M.D. 660 Kenilworth Drive 23d. LOCATION

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

230 BURIAL, CREMATION, REMOVAL 23b. DATE Cremation 2-15-1983

FOR - STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

Male

Timonium

70 BIRTHPLACE ESTATE OR FOREIGN

West Virginia

USUAL RESIDENCE (IF NURSING HOME OR OTHER IN

10 CITY OR TOWN OF DEATH

3. SEX

GABRIEL

4. RACE

75 CITIZ

11. NA

230 NAME OF CEMETERY OR CREMATORY Loudon Park

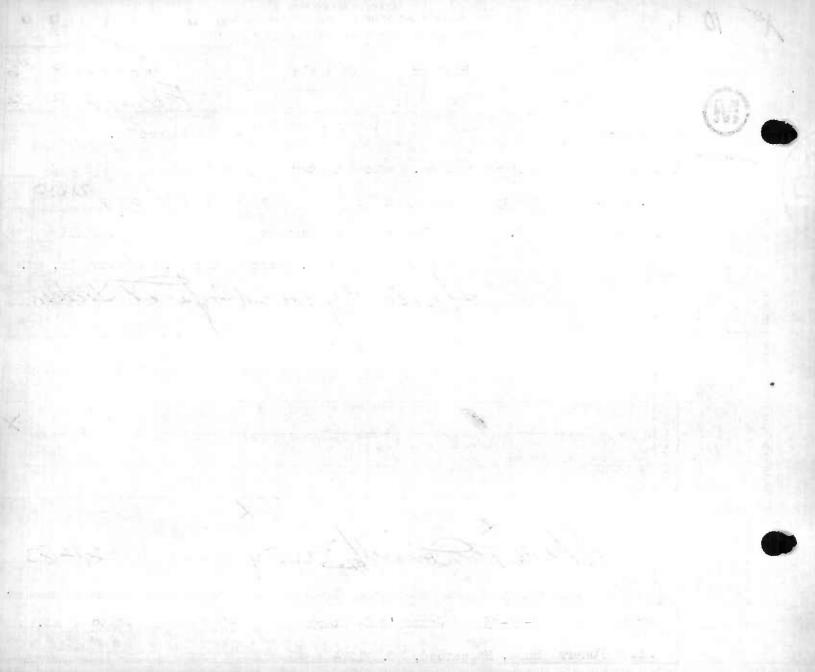
Baltimore

COUNTY Maryland

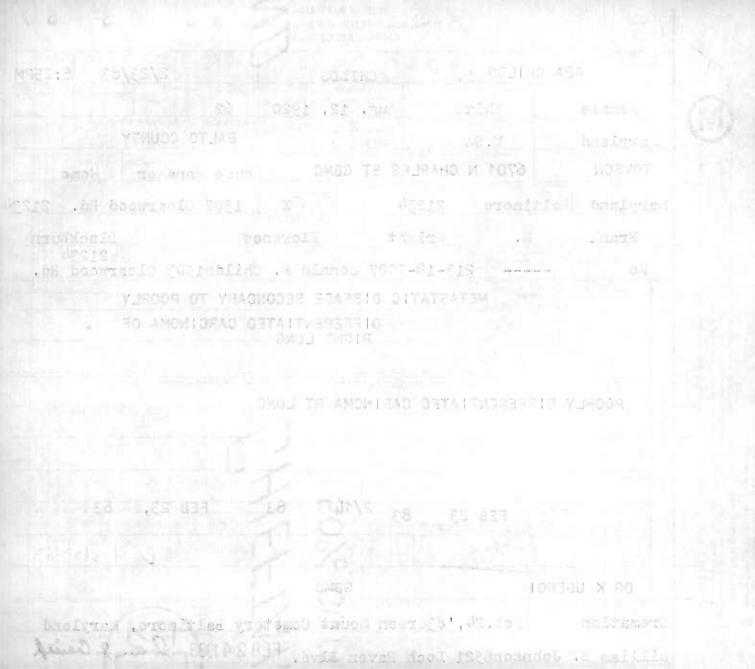
1050 York Road 24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Maryland

or stor or service The state of the s to the second Markett and the second the second PROPERTY AND ADDRESS OF THE PROPERTY OF THE PR

0 10] -	FOR STATE REGISTRAR			DEPARTMENT C	F HEALTH	ARYLAND I AND MENTAL CERTIFICATE		REG. NO.	3) 6	6
	I. DE	CEASED NAM	FIRST		MIDDLE		LAST	20. DATE	KNOWN 1	MONTH DAY YEAR	2b. HOUR
ASE OR. JRS.	111P	E OK PRINT	Charle	s F	Richard	Ca	rlisle	OF DEATH	MATEO 6	22/12/08	3/5
	3. SEX	Male	White	5. DATE OF BIRTH		THDAY) MONT		R 24 HRS. 2c. DATE MIN PRONOUP DEAD	TEO /	MONTH DAY YEAR	24 HOUR 3 3 A
1	FO	RTHPLACE (S REIGH COUNTRY) larylan		76. CITIZEN OF WH		8 MARR WIDOW	ED NEVER MAR	RIED U	timore (CO.	MD
25%	Tov	TY OR TOWN		Greater	PITAL, NURSING HO CILITY, GIVE STREET ADDRE Balto. Me	dical		12a USUAL OCCU FOR MOST OF WOR Machini	RKING LIFE)	WORK 12b. KIND OF OR INDUS	STRY
933	130. S		13b. COUN	or other institution, GN NTY timore	13c. CITY OR TOW Cockeys	N	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRE	ess alls Ros	2103	, p
231	7.	THER'S NAME FIRST Charles		MIDDLE E	Carlisle		15 MOTHER'S MAIN FIRST Blanch		AIDDLE	Cofiell	
1	{YI	VAS DECEASEI	DEVER IN U.S. AR	RMED FORCES?	219-42-	929/	Mrs. Blan	nche Wingl	ADDRESS er, Coel	keysville,	Md.
STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WAY & SHOULD BE 1950. S. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	ATION	gave ri cause (a lying cau	GNIFICANT CONDITIONS	DUE TO, OR (c) CONTRIBUTING TO DEATH	AS A CONSEQUEN BUT NOT RELATED TO THE	TERMINAL OISEAS		ART 1 (0).		20 AUTOPS	Y?
TOBURIA	MEDICAL CERTIFICATION	210 EXTERNA	L CAUSE WAS	21b. TIME OF HOUR A.M	INJURY . MONTH DAY Y	EAR 21c. H	OW INJURY OCCURR	ED LENTER NATURE OF IN	JURY IN ITEM 18 PART	YES TOR PART 2)	NO X
1201 PRIOR	MEDICA	CONTRIBUTION	OCCURRED	21e PLACE C			CATION	CITY OR TO	IWN	COUNTY	STATE
			fy that I taak char	ge of the remains des	cribed abave, held o	n Autap Suicide	sy , Inspecti	an Inquiry Undetermined m		n my apinian	,
TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2	-	ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	MAME NT)	ile Fo	Done	ulf	ADDRESS	7-MEDICAL EXAM		DATE 2/12/	\$3_
BALTIMORE, MAI	23a.B	EXAMINER'S (TYPE OR PRI	TION, REMOVAL	23b. DATE 2–16–83	23c. NAME OF	CEMETERY	ADDRESSR CREMATORY	MEDICAL EXAM		DATE 2/12/	P3



STATE OF MARYLAND



IMPORTANT: If them 21 is morked or them 18 strows ony injury, or other troumatic event, the medical exam

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

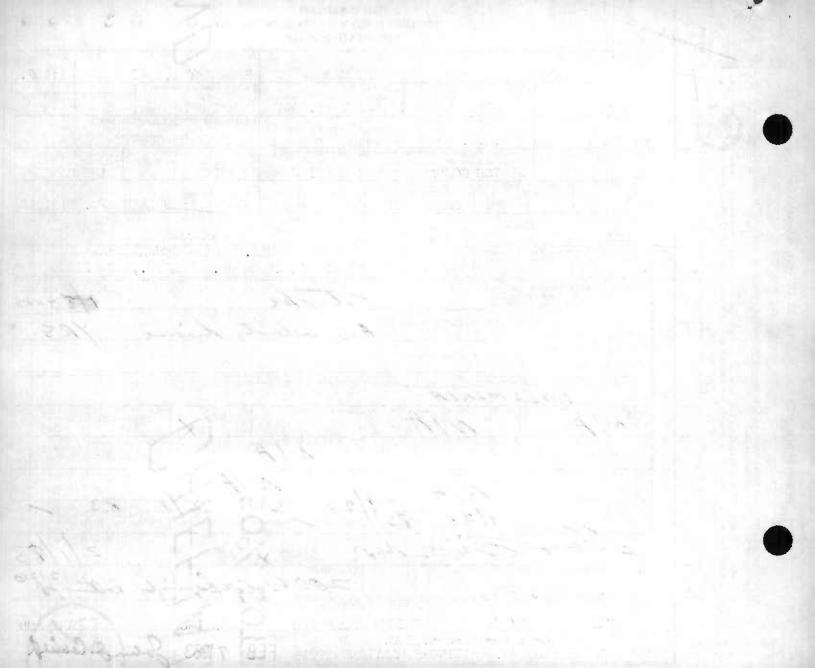
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		KEOGIKAK					REG	NO.				
		CEASED NAME FIRST	N	NIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2ь. НО	JR	
-	(ITPE	JAC	CK		CH	IINMAN	FEBRUARY	1,1983		1:3	SOP M	
	1. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR		24 HRS.	
1		MALE	WHITE	Ξ	FEBRU	ARY 22,1901	81	YRS.	MONTHS DAYS	HOURS	MIN.	
11		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CIT	OR COUNTY	OF DEATH			
27		NEW YORK	U.S.A		WIDOWE	D DIVORCED	BALTIMORE COUNTY MD. 120. USUAL OCCUPATION 120. KIND OF BUSINESS OR					
1	10. CI	ITY OR TOWN OF DEATH		OSPITAL, NURSING		OF BUSIN						
0		BALTIMORE			SCENT & NURSING HOME AGENT INSURANCE							
E	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13) COULD	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN BALT IMO	4	13d. INSIDE CITY LIMITS?	13. STREET ADDRES		E APT.	B 23	1215	
20	14. FA	ATHER'S NAME	MODIE	1 45 7		15. MOTHER'S MAIDEN NAM	ME			AST		
16		MAX	MIDDLE CHINMA		N	FIRST	UNKNO	WN	1.	451		
7		VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECUR	RITY NO.	17 INFORMANT MR	S. BENITA	PSEHWAR	RTZMAN			
-		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	130-14-40	22	4517 MARYKNO	LL RD.	BALTO.,	MD 2	1208		
		18 CAUSE OF DEATH (Enter or		line far (a), (b), and	(c).)	1			APPRO BETWEEK	XIMATE INTE	RVAL D DEATH	
		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (o)			Shope			着	4	WKS	
		4360		AS A CONSEQUE	NCE OF		4. 1		7			
		Canditions, if ony, which	(6)	AD A CONSEGUE	1	Anterisactors	the dis	long		RS		
		gove rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEQUE	NCE OF		**					
		underlying cause last.	(c)									
		PART 2 OTHER SIGNIFICANT	-		EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GIV	EN IN PART	(a		
	o N	PN	Eumo.	NIA					-			
F	CERTIFICATION	19L DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FIND FYING CAUSE			
X	E	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME OI	14/11		Tal- How Indiany ordina	YES NO	YE		NO [
7		OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	(ENTER NATURE OF	NJURY IN ITEM 18 F	PART OR PART 2)			
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE			19	TO / //						
	MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE C	EFT, FACTORY OFFICE, FA	RM, ETC)	211 LOCATION STREET	A. cityo	RTOWN	COUNTY		STATE	
		AT WORK		14	-	102 21	777	1	. 87			
		220.1 certify that (I) (this hasp sow the deceased alive an	4/	2 8 19 S	23 /	nd that in (my) (and opinion of	death occurred on th	a date and has	ir and from th	, that (1)		
		obove, (I) (and (did no	at) view the body	after death.		DEGREE		, date and neo		E SIQNED		
		W. SIGNATURA		4.5	Many		MEDICAL S	TAFF	2	///	03	
-		224 PHYSICIAN'S NAME (TYPE)	OR PRINT)			1220 ADDRESS	DIRECTOR PHY	SICIAN		11/	0)	
1	DR. MORTON MOWER 200 W, Colloquing 4.									in /	1210	
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	-	COUNTY		STATE	
		BURIAL	2/3/83			AMUNO CEM	BALTIM			MARYI	AND	
	24 FUNERAL DIRECTOR SOL LEVINSON & BROS INC.						E REC'D. BY REGISTR	AR 25b. DEGIST	TRAR'S SIGNA	TURE	. 1	
	6010 REISTERSTWON RD. BALTIMORE, MARYLAND 21215 FEB 7 1983 John & Charles							*				

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be defacthed for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumatic event, the medical

IMPORTANT: If Item 21 is marked or Item 18 shows any

page 3

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR			CATE OF BEATT.	REG.	NO.				
	ECEASED NAME FIRST	MIDDLE	Cho	not	2a. DATE OF DEATH	HIMOM Q	G DAY	YEAR 83	26 HOU	RA
	male	4 RACE WHITE	5. DATE O		6. AGE (IN YEARS LAST		IF UND	ERIYEAR	IF UNDER	24 HRS MIN.
SN	IRTHPLACE (STATE OR FOREIGN COUNTRY) IARY LAND	76 CITIZEN OF WHAT COUNT USA	MARRIED		9 BALTIMORE CITY BALTIMO	ORE CO	DUNTY	7		MD.
Х	KANDAIYLSTOWN KAKXXMO		COUNTY G	EN. HOSPITAL	12a USUAL OCCUPA (TYPE OF WORK FOR MOS		LIFE) 126	DUSTRY		
13a.				J39 INSIDE CITA FIWILZS	13e. STREET ABBRES	LITY C	т.,	APT.	# 2 . C	21117
	IGNATZ	CHOME?	Г	15. MOTHER'S MAIDEN NA	WIDDIE			SAND	Z	
		=ARMY 217-05	5-7922	17 INFORMANT MRS 10 NOBILITY	. MIRIAM CP	IOMET SS MIL	LS.	Γ. C MD	2111	
ATION	Conditions, if ony, which gave rise to immediate couse 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (A 1190 DATE OF OPERATION	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 19b CONDITION FOR WH	TO DEATH BUT I	- norular	MINAL DISEASE OR CO	~ •		9	IGS USED	
MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21c. HOW INJURY OCCUR		JURY IN ITEM 18	YES D	R PART 2)	NO [
W	WHILE NOT WHILE 21 WORK 220.1 certify that (1) (this haspi sow the deceased live on above, (1) (we (did)) did no 226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE O	ti view the body ofter death.	9 4 3 one	EGREE ATTENDING PHYSICIAN [22e ADDRESS		date and ha	_, 19 our and f	c. DATE S	hat (1) (w	-
23e. E	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	FEB.7,1983		METERY OR CREMATORY RE HEBREW	RETSTE	RSTOWN	I BI	VLTO.	51	MD
	UNERAL DIRECTOR SOL I	LEVINSON & BROS	S., INC. , MD 21	215 EE	4000	Joe	STRAFS	26	huly	K

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

CIR Chance 3 6 ELE IS ES JAMES CONTOR

/		REGISTRAR		CENTITI	CAIL OF DEATH	REG. NO.		
		CEASED NAME FIRST	MIDDLE	LAS	ı	20. DATE OF DEATH MON	TH DAY YEAR	26 HOUR
age 3	(i i e	ANNA	E	CHREST			2-21-83	8:08pm
rer o	3. SE	x	4. RACE	5. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR	IF UNDER 24 HRS
0 0	1	STAMZ	WHITE	MARG	11 11 1000	84	YRS.	
300		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8	□ NEVER MARRIED □	9. BALTIMORE CITY OR CO	OUNTY OF DEATH	
が形で		arylano	U.S.A.	WIDOWED	DIVORCED	BALTIMORE	COUNTY	MD
Motified A		TOWS ON	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G ST JOSEP)		OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		F BUSINESS OR
b se fil	USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION)				
filled ould be		ARYLAND BAL	NTY BECITY	OR TOWN	36 INSIDE CITY LIMITS?	130. STREET ADDRESS	ALC: A SUINE	1 217 21
2 sho		THER'S NAME	rio. II diz		5. MOTHER'S MAIDEN NA		HV III W H	1000
and CESO	6	COSSRT	WIDDLE	LAST	CATHER	MIDDLE	MAS IAS	RTIO.
0_	16a \	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOC	IAL SECURITY NO.	17. INFORMANT	ADDRESS		7111
Poges medico		YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	400417	FAMILY	RECORDS		
h . 75		18 CAUSE OF DEATH (Enter o	inly one couse per line for to		RDIOPULMONAR		APPROXI BETWEEN C	MATE INTERVAL
movol went, t	н	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	ED BY: ATE CAUSE (a) CAR	DIOPULMON	. //	マをらす	30	
or re		4792	DUE TO, OR AS A CO		CARDIAC ARRI	THYMIA		
ve co		Conditions, if ony, which	DUE TO, OR AS A CC	DIAS ARA	ETTHMIA.		30	-45 MM
rhe otter remove emotion er froum	30	gove rise to immediate couse (a), stating the	ARTERIOSCE DUE TO, OR AS A CO		DIOVASCULAR		R	
		underlying cause last.		UD Hon	DIGOXIN TOX	TCITY	2-3	0475
buriol,		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 110	,
The or to	CERTIFICATION	PART 2. OTHER SIGNIFICANT RENAL FAILUR						
Sony 1	ICA	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY? 20	b. IF YES, WERE FINDIN I CERTIFYING CAUSES	OF DEATH?
shows	RTIF					YES NO X	YES 🗌	NO 🗆
riol-tron entol Hy frem 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110 4 11 4101	TH DAY YEAR	Z1c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M.	19				
nd M	WED	21d. INJURY OCCURRED WHILE NOT WHILE	210. PLACE OF INJURY (AT HOME, STREET, FACTOR		211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
os t orke		AT WORK AT WORK						
Heo is m		22a. I certify that XXthis hosp	oitol) ottended the deceose 2-21	d from <u>2-2</u>		, to 2-21 death accurred on the date of	0.5	that (IX(we) last
d for		above XI) (we) (did) (dXX	N view the bady after deat	h.		deoth occurred on the dote o		
DIRECTOR oched for u Dept. af He If hem 21 is		22b. SIGNATURE	11-	_	EGREE ATTENDING	MEDICAL STAFF	22c. DATE	12/47
RAI det		224 PHYSICIAN'S NAME (TYPE	• / •	2	PHYSICIAN 220 ADDRESS	BIRECTOR PHYSICIAN	10 19	-9/83
d be Stra		WILLIAM H GOI				100000000000000000000000000000000000000		
TO FUNERAL DIRECT should be detoched for with the Stote Dept. 6 IMPORTANT: If hem.						ROAD TOWSON	MD 21204	
		BURIAL, CREMATION, REMOVAI	L 23b. DATE	ca 1.1	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
The Marie	24 5	UNERAL DIRECTOR	1-EB 34,19	3 Moop	Awn Lam	TE PECID BY PECISTA POR		RYLANO
16 50M 4/82		NAME	0 11 00 - 5	ADDRESS 7 E U	V P. FE	TE REC'D BY REGISTRARDY	The Call	illy
RA 15, 4)	4	ANS CHAPEL (OFCHIMSS	4242 10	RK ROAD	<u> </u>		

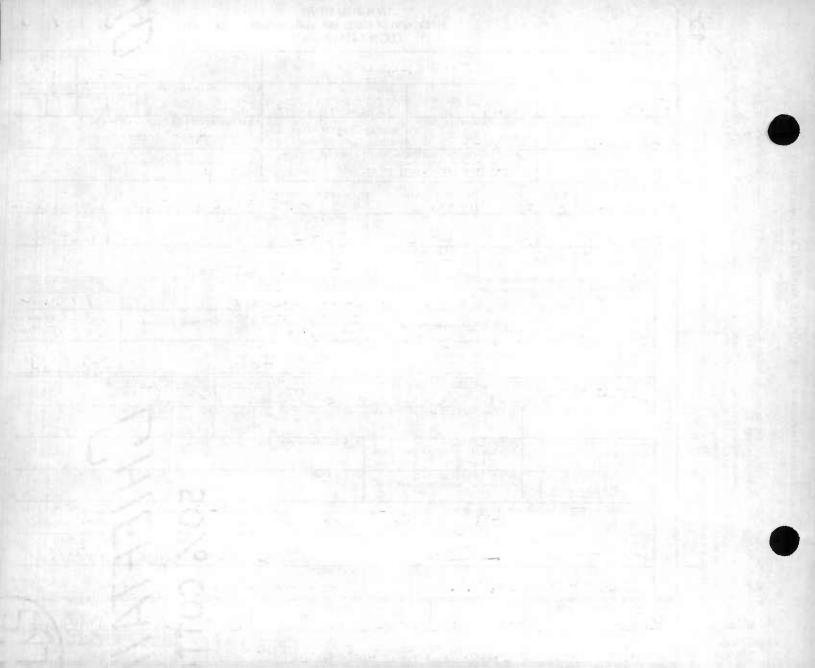
FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



4		FOR - STATE REGISTRAR			CERTIF	EALTH AND MENTAL F	REG.		3 1	•
. r=		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOU
deode deod		Madal		E.		Clark		2	14 83	
ge 4 mo ector, p	3. SE	x Female	4 RACE	ite	S. DATE C	F BIRTH DAY 1 1897	6 AGE (INYEARS LAST E	IRTHDAY) YRS.	IF UNDER 1 YEAR	IF UNDER
M 35		IRTHPLACE STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	Baltimore CITY	OR COUNT		
by .	10 C	Balto.	/ (IF NOT IN SUC	HOSPITAL, NURSIN CH FACILITY, GIVE STREET ian Nursi	G HOME C	R OTHER INSTITUTION	12g USUAL OCCUPA (TYPE OF WORK FOR MOS Housewi	OF WORKING	IFE) 12b. KIND C INDUSTRY	OF BUSINE
filled in tould be f	13a.	AL RESIDENCE (IF NURSING HOM STATE 136 CC	E OR OTHER INSTITUTION OUNTY	130 CITY OR TOWN Balto		134 INSIDE CITY LIMITS	? 13e STREET ADDRESS 220 S. Pa	Balti yson S	more, M	ld.,
mpletely and 2 sh	14. F/	ATHER'S NAME FIRST George	MIDDLE A	Barnes		15 MOTHER'S MAIDEN FIRST Elizabe	NAME		Barnes	
n ond col		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	Mrs.Perry	O Gateway 198 R.Clark	Miace	Baltin Md.	11
ow requires that the death co been signed by the ottendin mit. Then please remove carb prior to buriol, cremation, or i ony injury, or other troumatic	ATION	PART 2 OTHER SIGNIFICAN				NOT RELATED TO THE TI	ERMINAL DISEASE OR CO	/	VEN IN PART 11	
The la	CERTIFICATION	71a. ACCIDENT WAS UNDERLYING					YES NO	IN CERT Y	IFYING CAUSES	
phys phys phys phys si-fro fol Hy m 18	MEDICAL CI	OR CONTRIBUTING CAUSE OF	GEATH HOUR A	.M. MONTH DA	Y YEAR		CONNED (ENIER NATURE OF IN	JUKT IN IIEM 18.	EARL FURPART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	CITY OR T	own Z	COUNTY	S1
Z - 2 2 2 .5		220.1 certify that (1) (this has sow the deceased alive abave, (1) (we) (did) (did	on do la	J 9 19	Natur	datificat in (my) (aur) apin	ian death accurred on the	date and ha		that (I) (
Y the ho Y the ho RAL DIRE detoched tote Dept		77E SIGNATURE	ngi	2		DEGREE ATTENDING PHYSICIAN		AFF SICIAN []	22c. DATE	SIGNED IFS
TO HOSPITAL OR ATTE		PROPERTY OF THE PROPERTY OF TH	PN	80V-	-	3356	Wilken	1 1	W. B	Ms.
BP (27	23a.	Burial CREMATION REMOV Burial	2-16-	83 Lo		emetery or cremator Park Cem.	RY 23d LOCATION CITY OR TOWN Baltimo	re	COUNTY	Md.
HMH - 16 50M 1/76	24 F	Truman Schw	3512	Frederic	K B		EB 22 1983	R 250 REGIS	TRAR'S SIGNAT	TURE



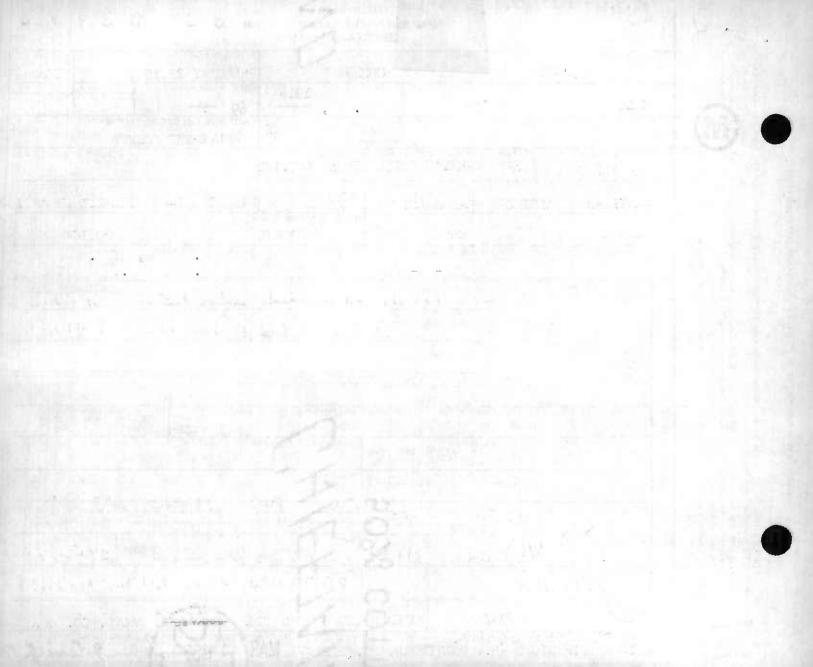
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STATE OF MARYLAND

Item #5 Film G577 3/7/83 rc

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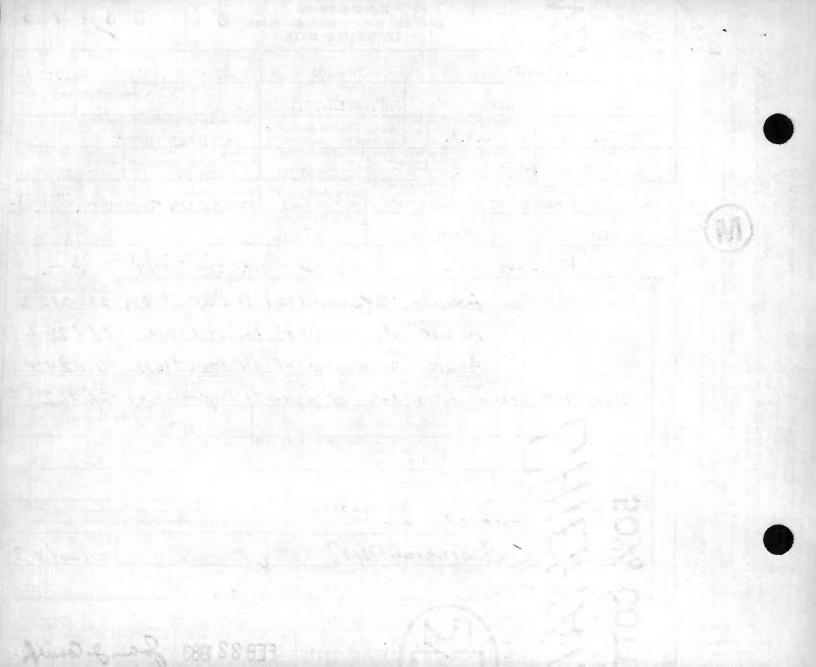
. 4		#5,6,per cal. FOR STATE REGISTRAR		DEPARTM	CERTIF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG, NO		
o ≈€		CEASED NAME FIRST	MIGG	DLE.		AST			YEAR 26. HOUR
ay be bage 3 death	3. SE	BENJAM	4. RACE		S. DATE C	HEN	FEBRUARY 23		12Noon
ge 4 m	\$. SE	MALE	WHITE		MONTH		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.		
death. Pag		RTHPLACE (STATE OR FOREIGN COUNTRY) POLAND	76. CITIZEN OF WH		WIDOWE		9 BALTIMORE CITY O BALT IMORE	COUNTY	M
Softer of the		RANDALLSTOWN	3434 CAI	RRIAGET	PPEL (CIRCLE APT. 10	120. USUAL OCCUPATION TAILOR	F WORKING LIFE) IND	KIND OF BUSINESS OR USTRY CLOTHING
n 24 hau filled in hauld be	13a. :		DUNTY 13c	E RESIDENCE BEFORE CITY OR TOWI NDALLST	N	136. INSIDE CITY LIMITS?	3434 CARRIA	AGE HILL	(21133) CIRCLE APT1
mpletely and 2 sl	14, F/	ISAAC	MIDDLE	COHEN		15. MOTHER'S MAIDEN NA		P	OT ÎČK
n and co		NAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	219-05-9			SIDORE E.ADRE ENSON RD.		Y. MD 21208
uires that the deatligned by the otten please remove continuid, cremation, uty, or other traums		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAT	DUE TO, OR AS	S A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	nt disease or conf		PART 1(o
ion. hos been s t permit. The liene prior to	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOXX		FINDINGS USED AUSES OF DEATH?
g physic g physic errificate rial-trans errol Hyg		216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	MONTH DA	YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART I ORE	PART 2}
ottendin ter this of is the burner h and Me	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TO	WN COL	UNIY STATE
ipital ar CIOR: Af far use a af Healt		22a I certify that (I) (this his saw the deceased alive above, (I) (Ne) (did) (die	ospital) attended the d	eceased from	3 ,0	nd that in (my) (and apinion	death accurred on the do	ote and hour and fr	om the couses stated
Y the hos RAL DIREC detached ote Dept.		278. SIGNATURE	Dan	~ m	7.0		MEDICAL STAP		LY Ful 83
TO HOSPITAL TO FUNERAL should be det with the State WIPORTANT:		MARVIN D				8507 (-b	esty 74 Rom	ald bour	Md21133
BP		BURIAL, CREMATION, REMOVE BURIAL	2/24/83	HE		YOUNG MENS C		N, BALTO	. CO. MD.
DHMH - 16 50M 4/82	24 F	UNERALDIRSOOR LEVI	NSON & BROS	S.	DE MI		TE REC'D. BY REGISTRAR	256. PESISTRAR'S S	GIGNATURE OF COMMENT



1	FOR - STATE REGISTRAR	DEPA	STATE OF MARYL ARTMENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIE	NE 8 3	0 3	17
	CEASED NAME FIRST	MIDDLE	LAST	2	a. DATE OF DEATH	MONTH DAY YE	2b. HOUR
	Eliza		Cole		2 - 2	198	32:22
3. SE		4. RACE	5. DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTI	MONTHS D	YEAR IF UNDER 24 HE
	Female	White	Jan. 19	03	80	YRS.	
92 70.8	IRTHPLACE (STATE OR POREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	MARRIED ET NEVER	MARRIED L	BALTIMORE CITY OF		н
10.6	Virginia ITY OR TOWN OF DEATH	USA		NORCED	Baltimore 20. USUAL OCCUPATION		ND OF BUSINESS O
58		(IF NOT IN SUCH FACILITY, GIVE S	TREET ADDRESS]		TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUS	STRY
LIST	Towson	St. Joses	oh Hospital		Housewif	e Hor	memakei
5 13a.	Md. 136 CC	E OR OTHER INSTITUTION, GIVE RESIDENCE BOUNTY 13t. CITY OR TO MONKE	OWN 13d. INSIDE O	NO A	522 Monkt	on Rd., 2	1111
14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER	S MAIDEN NAME	WIDDLE		LACY
59	Samuel	L. Thac	ker Bet	FIRST LV	MIDDLE		Gibbone
, 16a	WAS DECEASED EVER IN U.S.		ECURITY NO. 17. INFORM	_	ADDRE		
/	No (IF YES	- 212-1	.0-9641-B W	.M. Col	le, 17323]		Dam Ro
CERTIFICATION	gove rise to immediate couse (o), stofing the underlying couse lost. PART 2. OTHER SIGNIFICAN 198. DATE OF OPERATION	DUE TO, OR AS A CONSE (c)			AL DISEASE OR CONE	DITION GIVEN IN PAI 20b. IF YES, WERE FI	INDINGS USED
	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Tale HOW II	MILIBY OCCUPAN	YES NO	YES 🗆	NO
	OR CONTRIBUTING _ CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	130KT OCCORRE	YENIER NATURE OF INJUR	TINITEM IS PART TORPAR	(12)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM	P.M. 21e. PLACE OF INJURY	19 211. LOCAT	ON			
A	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) STREE	1	CITY OR TOV	wn COUNT	TY STATE
	220.1 certify that (I) (this has sow the deceased alive	ospital) attended the deceased from	104	19 93) (our) opinion de	to 2 2	19 lite and hour and from	that (I) (we)
	22b. SIGNATURE	renaude f	DEGREE		MEDICAL STAF	/	DATE SIGNED
1	224 PHYSICIAN WAY	HERNANDEZ		त. य	05094 1	405P174	L -
23a.	BURIAL, CREMATION, REMOV		23c NAME OF CEMETERY OR		23d. LOCATION	COUNTY	STATE
74 5	Burial	2/5/83	St. James Cer		Monkton REC'D. BY REGISTRAR	Balto.	
2	NAME	emmon. 10 W.		FEB	3 1983	John J.	Court

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		lares.
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(VRA 15, 4)



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A C-1201 Br. Chaires 27.			
Market Control of			
		A PART A PART A	NEW Life?
	- D.M		

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1	J	\$	1	
1					
Н	DAY	YEAR	2b.	HOUR	

		REGISTRAR						REG. N	10.			
		CEASED NAME	FIRST	1	AIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2ь. НО	UR
	LIVE	E OK PRINT)	RYL	DWIGH	T C	OX		February	17, 198	3	9	a M
	3 SE	X		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BE		UNDER I YEAR		R 24 HRS
		Male		White		Sep	t. 3, 1926	56	YRS.	VIHS DAYS	HOURS	MIN.
1		70 BIRTHPLACE (STATE OR FOREIGN 76 CI		76 CITIZEN OF	WHAT COUNT	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH		
1	11	North Caro		U.S.A.		WIDOWE		Baltimore	County			MD.
8					HOSPITAL, NURSING HOME OR OTHER INSTITUTION JUST FACILITY, GIVE STREET ADDRESS) OSEPH'S HOSPITAL			126 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING LIFE! Dietary Officer Penal Institu				
5	USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION 130 STATE 130 SOUNTY				GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? Baltimore YEST NO		Use SIREET ADDRESS 4234 Elsa Terrace 21211				1011	
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2		VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECURITY NO. 17 INFORMANT		ADDRESS					
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3	CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	ION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES T	IG CAUSES		TH?
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		WMIE DOTWHI ATWORK 220.1 certify that (I) (I) (I) (II) (III) (IIII) (III) (IIII) (IIII) (IIII) (IIII) (IIII) (IIII) (IIIII) (IIIIII) (IIIIIII) (IIIIIIII	this hospit d ofive on, d) (did no	view the body	1	9 83 or	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the d	FF			toted
		Dr. Francis X. Carmod			y				Charles Street			
	23a 8	BURIAL, CREMATION, R	REMOVAL	236. DATE 2-21-8		23c NAME OF C	EMETERY OR CREMATORY Park	Woodlawn	, Balto	°Co.,	Md.	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

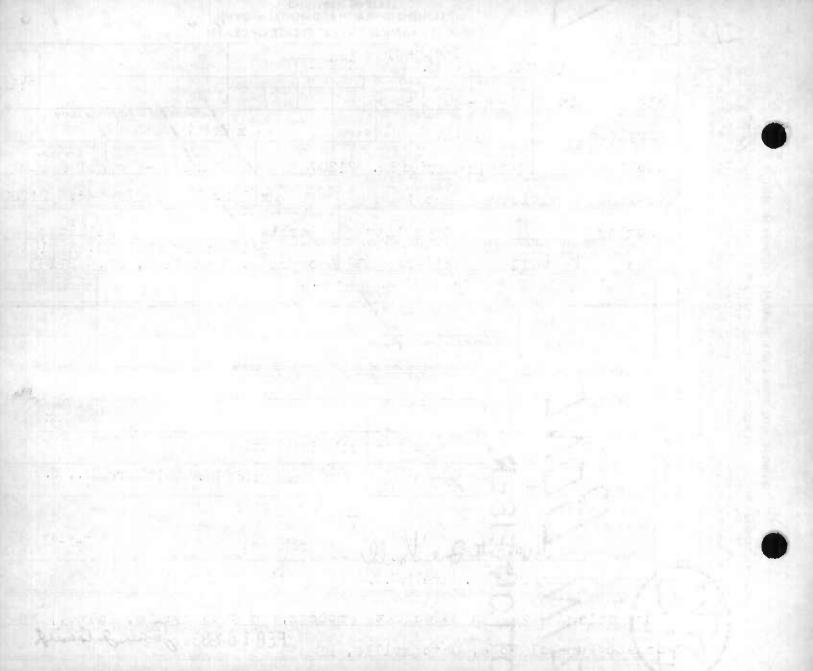
24 FUNERAL DIRECTOR Burgee Funeral Home, Baltimore, Maryland FEB 2 5 1983

Tipe , VE mane is a 1.00 t. over's crawl area land a'mayou. Meltione was beginning the respect citil ur. Francis X. Chamody December 2001 Corte desiles Direct until 2-1-3 or with the column, also c., . During Tuescal Load, although arrived

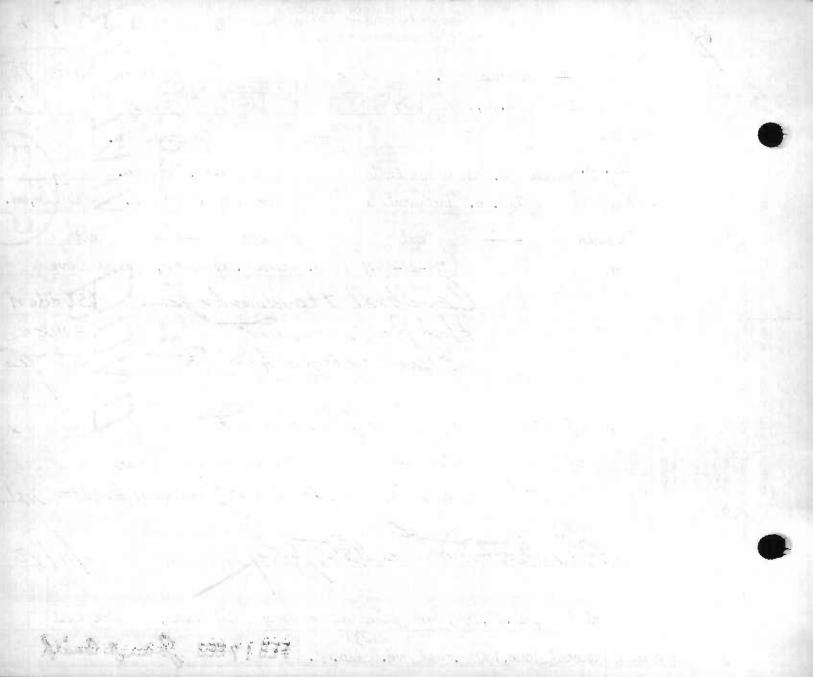
DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME Stephen) O DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-CRAMBLITT 2-8-83 I FONARD 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS IF UNDER 1 YR. DATE PRONOUNCED White -4-26 56 Male 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore County U.S.A. DIVORCED X Maryland 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 2, AND 3 TO 3. RETAIN PA 2 SHOULD BE Woodlawn 3526 Meadowside Rd. 21207 Machinist Tool & Die 13b. COUNTY 13d INSIDE CITY LIMITS? 3526 Meadowside Rd. 21207 Baltimore Woodlawn NO X URS AFTER DEATH. IF, 8. GIVE PAGES 1, 2, 4 WITH FORM PM 3, FIT. PAGES 1 AND 2 SHOUSION OF VITAL R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Wesley Cramblitt Bessie Williams 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 3418 Barry Paul Rd. Apt101 (IF YES, GIVE WAR OR DATES) 218-26-9838 Leonard S. Cramblitt, Jr. Yes T8 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c),)
PART I DEATH WAS CAUSED BY: Shotgun Wound of head BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, BE 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
Self/inflicted 2 HOUR A.M. MONTHO DAY 3 YEAR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY 3526 Meadowside RossowBaltimore Co., Md. EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTONOMIE WHILE AT WORK Autopsy XX 22a. I certify that I took charge of the remains described above, held on Inspection and in my opinion Suicide X death resulted fram: Undetermined monner Notural causes 2-9-83 ACTUAL MEDICAL EXAMINER A. Korell, M.D. 111 Penn Street Margarita EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 73r NAME OF CEMETERY OR CREMATORY 23d. LOCATION Security Process, Ind Catonsville, Cremation Balto. RP 24 FUNERAL DIRECTOR **DHMH - 17** MacNabb Funeral (VR A15 ME (5)) Home, Catonsville, MD

20M 4/82

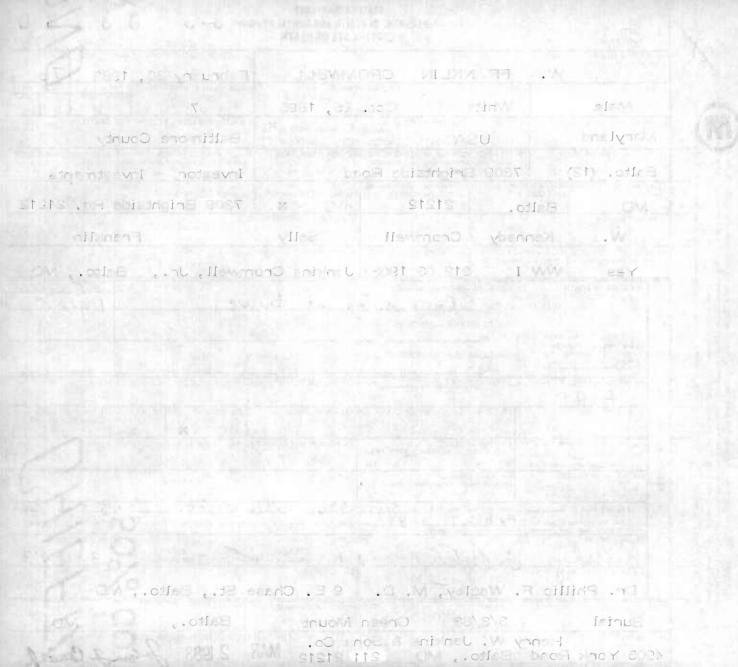
STATE OF MARYLAND



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N SEE SEE SEE	MEDICAL	WHILE I	NOT WHILE	STREET, FAC	ORY FARK, ETC.	-1	STREET	7	CITY	OR TOWN	1	DUNTY	STATE
DIVISION OF VITAL RECAINER: THIS CERTIFICATE SHOULD E HOATE, WRITING THE WORD "FEN FORWARDED TO THE CHIEF METOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEALTH OF HEALT		AT WORK L	AT WORK	1	105 pi	12/	SIE	100	W2/	OUNS	m 18	2110	md
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TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PACE A SHOULD BE ITO FUNEAL DIRECT AFTER DEATH WITH IT BAITMORE, MARYLA	02.5	(TYPE OR PRI		Int. DATE	Inc. see	E OF CENTER	_ADDRESS_	OPV	123d. LOCATIO	ŽNI.			
	7Jo.B	DRIAL, CREMA	tion, REMOVAL	Feb. 15, 19	83 New	athedr	al Come	otonii	93Y OF TOW	more,	579	anyland	STATE
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DHMH - 17	24. F	NAME DIREC		ADDRESS		21230	74.1		1 7 1983		P O	Comment	1
(VR A15 ME (5))	Ma	ully 1	uneral	Home, 130 8	.tort	Ave. Balt	0.11d.	FEB	1 (190	10	mo	· winy	`



STATE OF MARYLAND



E. Lowell Lemmon, 10 W. Padonia Rd.

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or offending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in the second action page 3 should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled this thing then offer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examine muy be

BP.

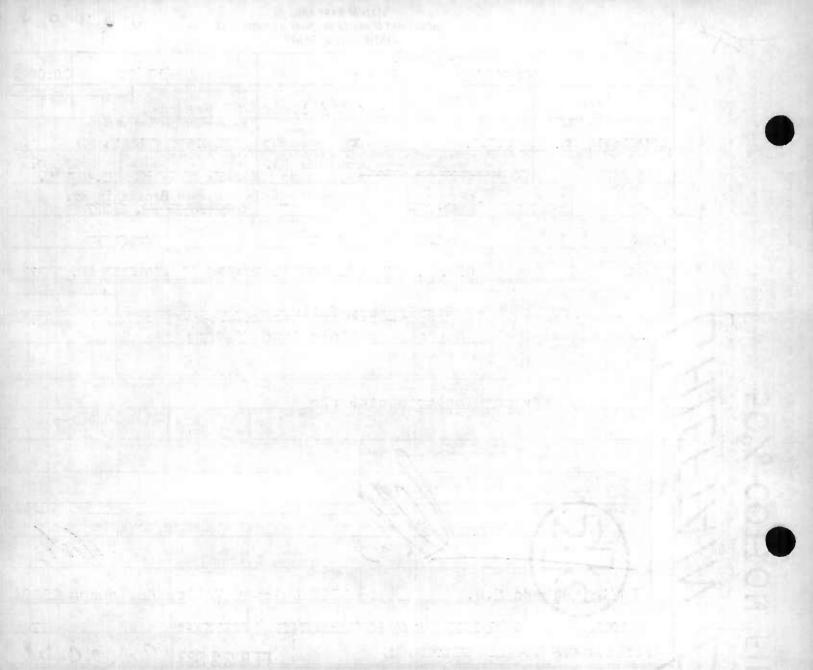
DHMH - 16 50M 1/81 (VRA 15, 4)

	Film # 1- STATE REGISTRAR 2/23/83	fun. ho	me DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 3	0 3	1 8 2	
	DECEASED NAME FIRST	J.	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	_
F	Raymo	nd 🔹	Dalton			Feb. 3	, 1983		м
3	SEX	4. RACE		5. DATE O		6 AGE (IN YEARS LAST B	IRTHDAY) IF UNDE	R 1 YEAR IF UNDER 24 HRS	
L	male	white		Oct	18 1900 1890	82	YRS.	DAYS HOURS MIN.	
7.	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	ATH	_
1	Maryland	USA	A	WIDOWE		Baltimore	County	M	ND.
	CITY OR TOWN OF DEATH	4712	Long Gre	en R	or other institution	120 USUAL OCCUPA TYPE OF WORK FOR MOST		KIND OF BUSINESS OF	R
1	ISUAL RESIDENCE (IF NURSING HOME OF 30 STATE 136 COUL Md. Bal	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13t. CITY OR TOWI		138 INSIDE CITY LIMITS?	13e STREET ADDRESS		21057 Road	
14	FATHER'S NAME	MIDDLE	1AST	IS MOTHER'S MAIDEN N	AME		LAST		
	Joseph Da	lton			Marga	ret Lynch		ENS!	
16	(YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	16b. SOCIAL SECU		17 INFORMANT	ADDI	₹ESS		
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	18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUSE 4360 IMMEDIA Conditions, if ony, which	E CAUSE (o)	R AS A CONSEQUE		Arteriors	cleasis		APPROXIMATE INTERVAL ET WEEN ONSET AND DEATH 18 41 0-5	_
	gove rise to immediate couse (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT ((c)_	R AS A CONSEQUE		NOT RELATED TO THE TER	MINAL DISEASE OR COL	ADITION CIVEN IN E	PART IVA	=
CIC ATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				N WAS PERFORMED				-
		21b. TIME C HOUR A.	DF INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN)	YES URY IN ITEM 18 PART 1 OR F	PART 2)	
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AAE	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STI	OF INJURY REE1, FACTORY, OFFICE, FA	ARM ETC)	21f LOCATION STREET	CITY OR T	OWN COU	UNTY STATE	
	220 I certify that (I) (this happed saw the deceased alive an above, (I) (we) (did) (did no			1-19	nd that in (my) (qur) opinion	n death occurred on the	dote and hour and fr	om the couses stated	st
	22b. SIGNATURE	1	D Non		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF _	2-3-83	1
1	John R. Nor			,	220 ADDRESS Manor Prof				
23	BURIAL, CREMATION, REMOVAL		The second second		EMETERY OR CREMATORY		COUNT	TATE Y	=
	SXXXXX burial	2/7/83	St.	John	n's	Hyde, B	alto. Count	nty, Md.	
1.	rector Funeral Ch	apel 8	800 Ĥarfo	ord R		EB 9 983	R 25b GISTRAR'S S	2. Carrief	

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



BALTIMORE, MARYLAND 21201

W. PRESTON ST.,

DIVISION OF VITAL RECORDS, 201

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

f	-	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
		CEASED NAME OR PRINT)	Adel		DE DE		AST	Februa		1983	7:45 P _M	
	3. SE)	Female		A RACE	hite	5. DATE C	DAY YEAR	6 AGE (INYEAR	S LAST BIRTHDAY)	MONTHS DAY	AR IF UNDER 24 HRS	
1		COUNTRY			WHAT COUNTRY	7? 8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Baltimore County of DEATH Baltimore County				
7	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INST (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS). Tranklin Square Hospital							120 USUAL OC (TYPE OF WORK FO House	CUPATION OR MOST OF WORKING PWITE	GLIFE) 126. KIND INDUSTR	OF BUSINESS OR	
5	13a. S	AL RESIDENCE (IF NURS TATE Maryland	13b. COUN		Parkvi	WN	13d. INSIDE CITY LIMITS? YES NO 🛣	13e. STREET AD 8701	Richmon	d Ave.	21234	
0	14 FA	THER'S NAME FIRST Louis	٨	AiDDLE Per	nnses		15. MOTHER'S MAIDEN NAI FIRST		MIDDLE Known		AAST	
		VAS DECEASED EVER (ES. NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	213-20-		Ada A. Cobur	n 8701	Richmon		21234 OXIMATE INTERVAL IN ONSET AND DEATH	
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2	CERTIFICATION									YES, WERE FINE	DINGS USED ES OF DEATH? NO	
9	MEDICAL CER	21g. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	Ρ.	M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATUR	E OF INJURY IN ITEM T	18 PART 1 OR PART 2)	
	MED	21d. INJURY OCCURI	RK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE	Enh	211. LOCATION STREET		eb. 18	COUNTY	STATE	
		sow the deceose obove, W. (we) (c				83_, or	d that in (Ay) (aur) opinion o	death occurred o	on the date and h		that W (we) lost the couses stated TE SIGNED	
1		22d. PHYSICIAN'S NA Robert					PHYSICIAN [226 ADDRESS 9000 Frank		are Dr.,	21237	10/00	
	23a. B	BURIAL, CREMATION,	REMOVAL	23b. DATE	1 1983		EMETERY OR CREMATORY	23d. LOCATI	ON	COUNTY	STATE	

DHMH - 16 50M 4/B2

BP.

(VRA 15, 4)

FOR

24 FUNERAL DIRECTOR
Leonard J. Ruck, Inc. Baltimore, Maryland

FEB 2 2 1983

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1 DEC	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	Ю.	
	CEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YEAR	P 2b. HOUR
	William	J.	Degenh	ardt	2-18-8	3	1:20
3. SEX	X	4. RACE	5 DATE OF B	BIRTH	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YE	AR IF UNDER 24 HR
M	ale	White	Apri. 7	11. 1896	86	YRS MONTHS DA	YS HOURS MIN
7a. BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8			OR COUNTY OF DEATH	1
	aruland	11 5 1	WIDOWED [NEVER MARRIED 1215	Baltiman	re County	A
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR		12a USUAL OCCUPAT	ION 12b. KIN	D OF BUSINESS C
	andallstown /	(IF NOT IN SUCH FACILITY, GIVE STRE Meridian Nursin	ig Center	r-Randallsto	wn Archit	tect INDUST	RY
13a S	STATE NULL COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 130. CITY OR TO to. City Baltin	WN 113	INSIDE CITY LIMITS?	13e. STREET ADDRESS	ewood Avenu	0707
	THER'S NAME	o. origi Darra		MOTHER'S MAIDEN NA		ewood Aveni	ie 21215
		Degenhardt LAST		Mary	WIDDLE	nknown	LAST
16a W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SEC	CURITY NO. 17	. INFORMANT Mr.	. Hilton AWE	tkos	
		7 1 212-01.	-0612 3	111 Mayfield	d Avenue B	altimore. M	ID. 2120
	underlying couse lost.	DUE TO, OR AS A CONSEQ	inal P	ain			
NOI		(c) Abdom	in/	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	1(0
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COUNTY STATE (bur) opinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED 2/10/83 RANDALLSTOWN, MD 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) BURIAL MARYLAND HEBREW ORTHODOX MEM.SCC BALTIMORE 24 FUNERALDIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO, MD 21215

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

FRIEDMAN

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6 may

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

#21133

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IF UNDER 1 YEAR

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IE UNDER 24 HRS

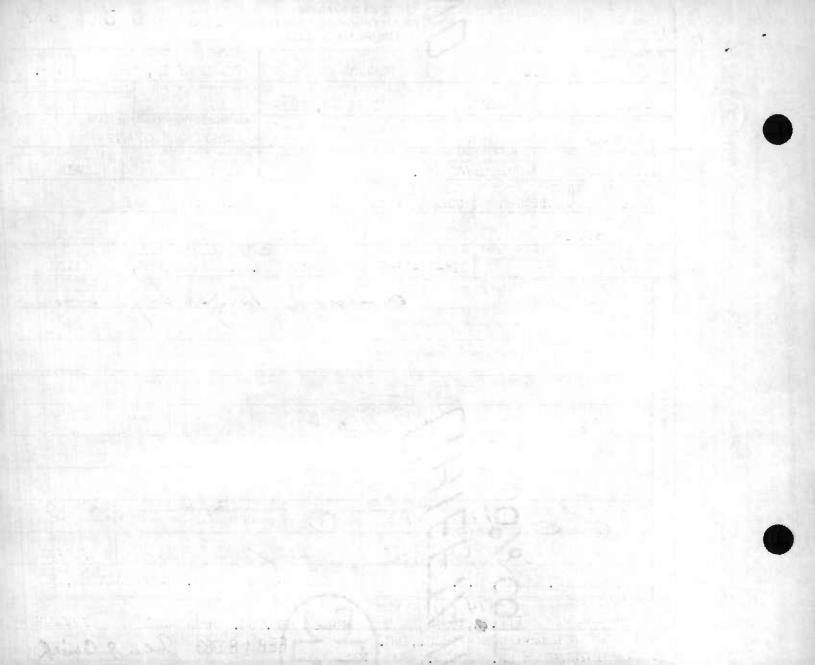
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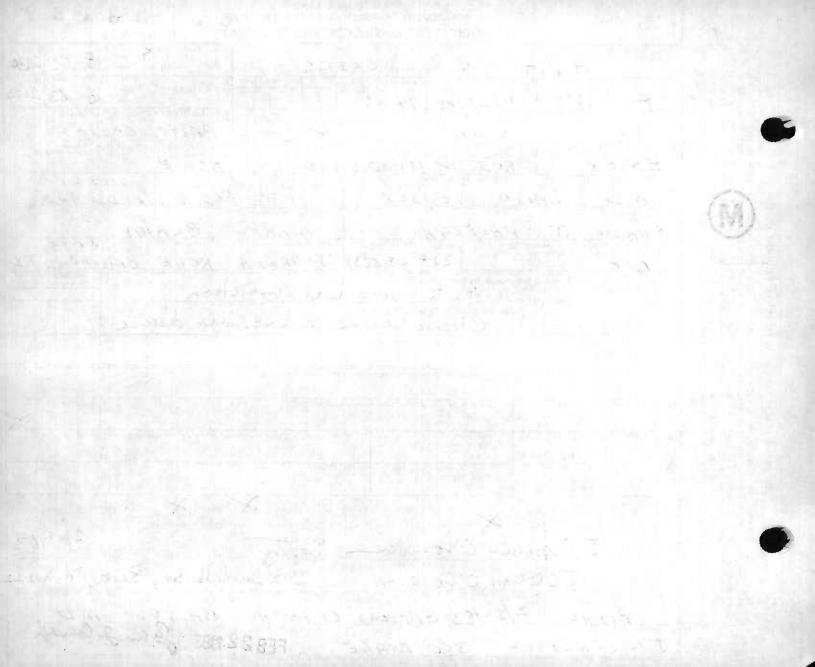
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STATE OF MARYLAND

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TAL RECORD HOULD BE EX PRO "PENDING HIEF MEDIC USED AS A OF HEAITH A AL, CREMATIC	CERTIFICATION							
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DIVIS THIS CER WARDED PAGE 3 S TATE DER	-	WHILE NOT WHILE AT WORK						
> d IS		22a. I certify that I toak charge	of the remains de	cribed above held on	Autopsy , Inspec	tion Inquiry	and in my apinion	
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PA TO A PA	23a.8	URIAL, CREMATION, REMOVAL 2	b. DATE	23c. NAME OF CI	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP	1	BURIAL	4/22/8	3 BARDI	ENS OF FAIT	H BALT	2. M	D
DHMH - 17	24. F	UNERAL DIRECTOR				TE REC'D. BY REGISTRAR 251 19	EGISTRAR'S OGNAVU	there
(VR A15 ME (5))	1	E. CONNEL	1 5 ADDRESS	300 m	OCF FI	FB 22 1983	and a	



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(ND)	3. SE	F Whi		DATE OF BIRTH MONTH DAY Aug 10,	YEAR LAST GIRTH		DER 1 YR. IF L	UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	2 - J	S-203 1-8
A STATE OF THE STA	™ B Ma	RTHPLACE (STATE OR PREIGN COUNTRY)	7		U.S.A. 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OF COUNTY OF D WIDOWED DIVORCED Baltimore County						
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21201 ANY DE AND 3 T RETAIN HOULD E RECORD	13a. S	AL RESIDENCE (IF IN NU. TATE aryland	ISING HOME OR OF THE COUNTY Frede:	other institution, giv	13c CITY OR TOWN Frederic		13d INSIDE CITY LI	IMITS? 13e STE	REET ADDRESS Seminole	Rd. 21	701
RE, MD.	14. F.	William	G	MIDDLE	Gartrel1		15. MOTHER'S Grae	MAIDEN NAM	MIOOLE		Hilleary
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LI RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE F EM MEDICAL EXAMINER ALONG WITH FORM M. 3. RETAIN PAGE ED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED HEATH AND MENTAL HYGIENE, DIVISION O'ALTAL RECORDS, 201 AL, CREMATION, OR REMOVAL.	Z.	PART I DEATH W 4292 Canditions, if a gave rise to cause (a) stating lying cause last. PART 2 OTHER SIGNIFICAN	any, which immediate g the under-	(b) DUE TO, OR	AS A CONSEQUENCE	OF		ercliot	Mau (e)	Bires	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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A THE WENTER OF		21a. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR CAUSE OF DE	ATH P.M.	MONTH DAY YEA	IR		CURRED (ENTER	NATURE OF INJURY IN ITE	M 18 PART 1 OR PAR	
DIVISION HIS CERTIFIC WRITING TH WARDED TO WARGE 3 SHOUL AT AT E BARCU	MEDICAL	216 INJURY OCCUR WHILE NOT AT WORK AT W	WHILE O	21e PLACE C STREET, FACTO	F INJURY (AT HOME, DRY, FARM, ETC.)		CATION		CITY OR TOWN	cou	NTY STATE
TO MEDICAL EXAMINER: THIS CENTRAL SHOULD BE FORWARD PAGE A SHOULD BE FORWARD AFTER DEATH WITH THE STATE BALLMORE MARYLAND, 21201		27ª I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Natural Que 10	1	eribed abave, held an Accident , s	Autop vicide V4) M RER	Hamicide TITLE (SPEC	IFY)	Inquiry Ditermined manner [DICAL EXAMINER Bollon	and in my ap DATE SIGNEI	2-5-83 P.6 2172
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26	1	FOR - STATE REGISTRAR			DEPARTM	LENT OF HI	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8	03191
oy be	(11/6	CEASED NAME E OR PRINT LOIS	FIRST	XDONATA	EKSON	DON	AHUE	February 19.	1983 1:00p M
ge 4 mc	3. SEX FEMALE			4. RACE WHI	TE	S. DATE O	726/1906	6. AGE (IN YEARS LAST BIRTHDAY)	MONINS DAYS HOURS MIN.
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filled in laurt be	13a.	AL RESIDENCE (IF NURS STATE LYLAND	136 COUN Bal	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 134. CITY OR TOW! Dundalk	ADMISSION)		13e STREET ADDRESS 64 Admiral E	
completely filler. I and 2 should		Joseph	,	NIDDLE S.	Jackson		15. MOTHER'S MAIDEN NA/ Aleathia	ME	Unknown
e exec n and Pages	16a \	MAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	214.12.2		George W. Do	ADDRESS Onahue (Son) (S	Same as 13e)
equires that the death certificate b in signed by the attending physicia. Then please remove carbanpapers, r to burial, cremation, ar removal. injury, ar ather troumatic event, the	7		which nediate g the lost.	(b) DUE TO, O (c) ONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D	NCE OF	COPD NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART Ita
The law incion. The how incion. The hos been sit permit. Sit permit.	CERTIFICATION	190. DATE OF OPERAT	ION		TION FOR WHICH	OPERATION	N WAS PERFORMED		IF YES, WERE FINDINGS USED LERTIFYING CAUSES OF DEATH? YES NO NO NO
PHYSICIA ending pt this certif he burial-th and Mentol	MEDICAL C	OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WH AT WORL AT WOR	ALEXAMINER	P. 21e PLACE		19	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
HOSPITAL OR A' nined by the hoss frunERAL DIREC sould be detached in the State Dept.		22e. I certify that (I) saw the decease obove, (I) (we) (a 22b. SIGNATURE	(this haspit d alive an, id) (did nat) view the bady	19	, and	PEGREE ATTENDING	EDICAL STAFF DIRECTOR PHYSICIAN	d hour and from the causes stated 22c. DATE SIGNED
5 d × ₹ ₹	23a. I	BURIAL, CREMATION,			23(, N	AME OF CE	METERY OR CREMATORY		

DHMH - 16 50M 4/82

(VRA 15, 4)

Burial 2/22/1983 23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

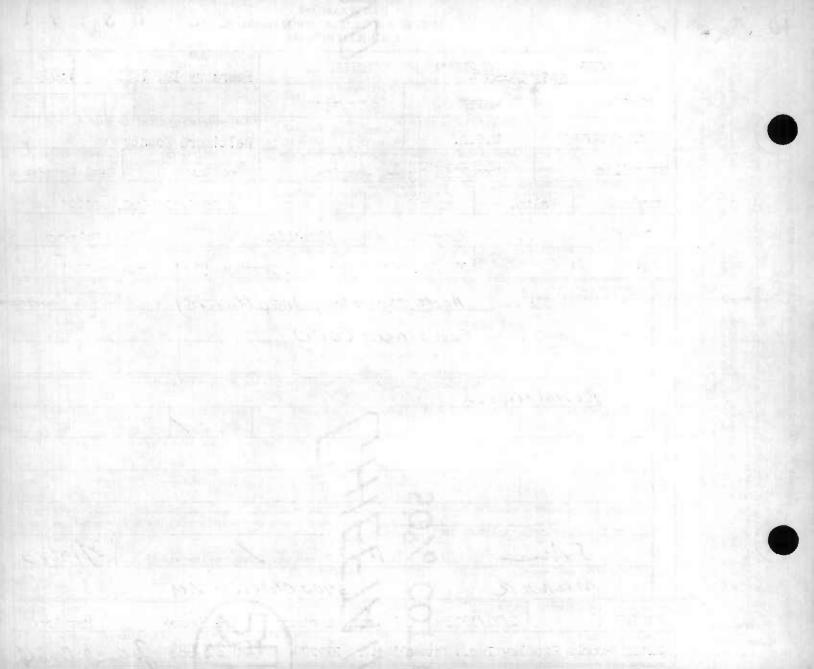
23d LOCATION
CITY OF TOWN
Baltimore

Maryland

24 FUNERAL DIRECTOR Walter Brooks Bradley Inc., Dundalk Md.

21222

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE FEB 23 1983



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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 howers. Page 4 to etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending provision and compressed the first to a director, should be detacked for use as the burial-transit permit. Then please remove as beginning to the contract of the
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(VRA 15, 4)

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1	3. SE		4. RACE	S. DATE O		6. AGE (IN YEARS LAST BI		NDER I YEAR IF UNDER 24 HRS		
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6	TC	WSON	GBMC 6701	N. CHA	RLES ST	Tallow Co	OF WORKING LIFE)	126. KIND OF BUSINESS O INDUSTRY Donoghue		
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\simeq		aryland I	Bal	timore	YES X NO	3432 Wilk	ens Ave	nue 21229		
0		Elmer	MIDDLE	Donoghue	Marie	WIDDIE	S	chwallenberg		
2		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOC	IAL SECURITY NO.	17. INFORMANT	ADDR	ESS	21229		
1		YES W	W II 212-	20-4262	Frances M.	Donoghue 3	432 Wil			
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one cause per line for to), (b), and (c)	LACALA DV. A D.D.C	CT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT		
			IATE CAUSE (0)	ARD TUPUI	LMONARY ARRE	:51				
		Canditions, if any, which (DUE TO, OR AS ACONSCOUENCE OF IC CARC I MOMA OF THE PALATE MONTHS								
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		cause (a), stating the underlying cause last	DUE TO, OR AS A CO	ONSEQUENCE OF						
4					NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART I (o		
	NOI		EXIA & SHOO							
2	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH?		
ok.	RTIE	21a. ACCIDENT WAS UNDERLYING	1216. TIME OF INJURY		In How bluevossion	YES NOV	YES [] NO []		
9		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MOI		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INSE	JRY IN ITEM 18 PART	OR PART 2)		
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED	P.M. 21a. PLACE OF INJUR	19 Y	21f. LOCATION					
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR		STREET	CITY OR TO	OWN	COUNTY STATE		
-		22a.1 certify that (1) (this ha	spital) attended the decease	ed from 2 - 10	19 83	2-21		83 , that (I) (we) lo		
		saw the deceased alive an 2-21 19 83, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death								
		22b. SIGNATURE	1		DEGREE			22c. DATE SIGNED		
		Martin 14	ulum M. E	<u> </u>	ATTENDING PHYSICIAN	MEDICAL STA		2/21/83		
		DR. MART I			GBMC 670	N. CHAR	LES ST	, TOWSON		
		URIAL CREMATICAL REMOVE	AL 235 DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
		URIAL, CREMATION, REMOV				CITY OR TOWN		DUNTY STATE		
I	- (Burial JNERAL DIRECTOR	2/24/83		Park Cemetery	Baltimor E REC'D. BY REGISTRAR	e	Maryland		

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Martin D. Lawson, 10 W. Padonia Rd. Timonium

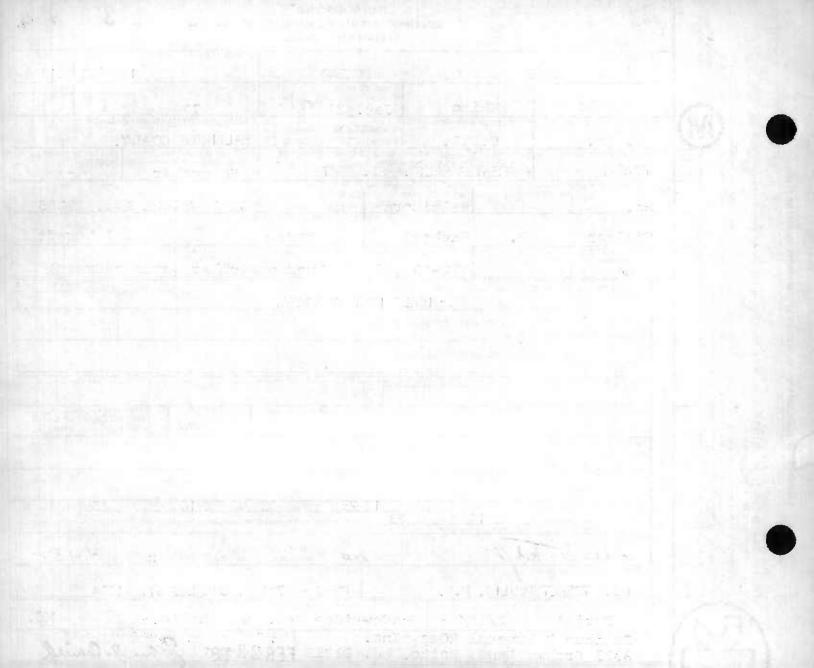
(VRA 15, 4)

STATE OF MARYLAND

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BP.... DHMH - 16 50M 4 (VRA 15, 4)

_	FOR - STATE			DEPARTA	MENT OF H	EALTH AND MENTAL HY	CIENT ()	W.	-	J -	, ;	-
1.	JIMIE			DEI MILI		CATE OF BEATH	GIENE S					
	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO).			
	CEASED NAME	FIRST		MIDDLE	t	AST	20. DATE OF	DEATH /	HINOM	DAY	YEAR	2b. HOUR
(114)	(THE OR PRINT)	AUDRA		C.		UNBAR		2			16 '83 8:10	
. SE	Х	4.	RACE	T EDAH	5. DATE C	F BIRTH	6. AGE (INY	EARS LAST BIRT	HDAY)		ER I YEAR	IF UNDER 2
	Female	1000	Wh:	ite	Jan			77	MBE	MONTHS	DAYS	HOURS
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000 /	W. Va.		TT C	S.A.	MARRIE	MEVER MARRIED DIVORCED		MORE				
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13a.	AL RESIDENCE (IF NUR STATE	136. COUNTY	HER INSTITUTION	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS				
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4. FA	ATHER'S NAME	MI	DDLE	1.AST		15. MOTHER'S MAIDEN N	AME	MIDDLE			LAS	*
	Tillman		В.	Harbert		Mary				P	shc	raft
	VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRE:	SS			
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	gove rise to im cause 101, statin underlying cause PART 2 OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER, NOTIFY MEDI 21d. IN JURY OCCUR WHIE NOT WAT WORK AT WORK 220. I certify that (I) sow the decess obove, (I) (we) (I) 22b. SIGNATURE	, which mediate ag the selection of the	DUE TO, O (b) DUE TO, O (c) NDITIONS CO 19b. COND 21b. TIME C HOUR A. P. 21e. PLACE (AT HOME STI	R AS A CONSEQUE R AS A CONSEQUE DITTION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY LEET, FACTORY, OFFICE, F e deceosed from 10	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TER N WAS PERFORMED 211. HOW INJURY OCCU 211. LOCATION STREET 25 19 8 d that in (my) (our) opinio	206 AUTO YES	DPSY? NO TOWN CITY OR TOWN 2-16 d on the do	20b. IF YE IN CERT Y Y IN ITEM 18	ES, WERE IFYING YES CO	E FINDIN CAUSES R PART 2) DUNTY	NGS USED OF DEATH NO ST/
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STATE OF MARYLAND

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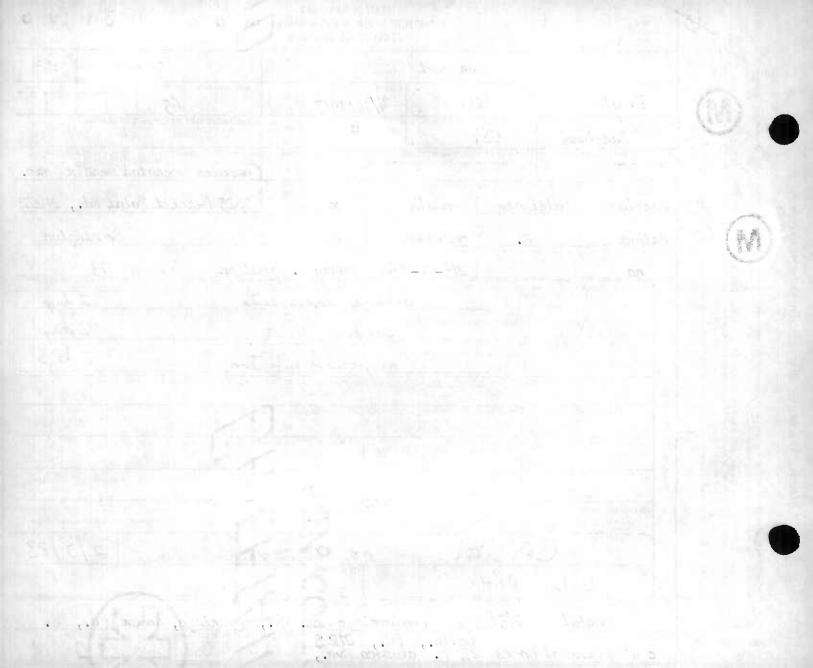
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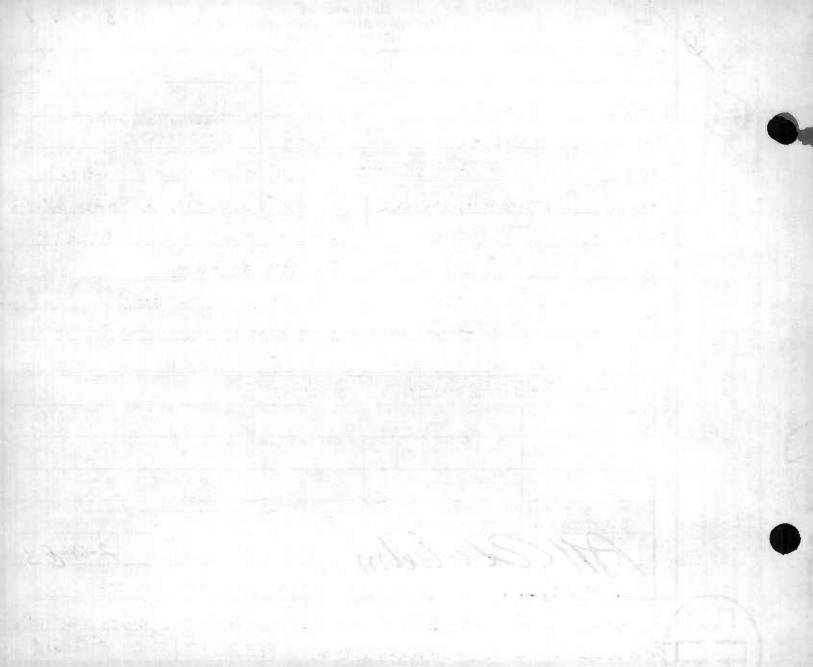
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

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(VRA 15, 4)





LEWIS T. GWYNN 4517 PARK HEIGHTS AVENUE

281983

STATE OF MARYLAND

FOR

DHMH - 16 50M 4/82

(VRA 15, 4)

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FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

NAME

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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IF UNDER 24 HRS

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Corps 15 ED22040225 1 2 -2 - 12 2 25 DRINARY TEACH MEETING NETTER INCOMETAS WILLIAM CREEDING THERE SELENDED CARRY-HIGHER RESERVE 1-27 - 63 - 1-2 93 #1 G-0 -1 -CHAMPE B. CENTRAL M. SOUTH CANTERS THAT FEB. A Page. Just 9. Coming.

FOR

- STATE

REGISTRAR

BALTIMORE COUNTY 126. KIND OF BUSINESS OR 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) industry lighs-Arunda: 100 Chesley Ave. 21206 Gessner 214-26-7490 J. Geo. Eierman, Jr. 100 Chesley Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 10 83 19_83___, and that in (My) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 2-25-83 7620 YORK ROAD TOWSON MD 21204 Baltimore Buria1 Maryland 2-28-83 Baltimore Cemetery BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/R2 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

YEAR

2h HOUR

9:30pm

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CEPTIFICATE OF DEATH	

1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE Q Q	0.		9 44
	CEASED NAME	FIRST	A	MIDDLE	L	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
TITPE	E OR PRINT)	MILTO	N	S.	EI	FENBEIN	FEBRUARY	25, 19	83	650 N
. SE	X		4. RACE		S. DATE O		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
N	ALE		WHITE		JUNE	E 10, 1934	48	YRS.	ONTHS DAYS	HOURS MIN.
70. B	RTHPLACE (STATE OF	FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	8. MARRIET	NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
MA	RYLAND		USA		WIDOWE		BALTIMORE	COUNT	Y	MD
10. C	ITY OR TOWN OF DE	ATH				ROTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
RA	NDALLSTOW	N		LLENSWOOI			SALESMAN	F WORKING LIFE	REST.	SUPPLIE
	AL RESIDENCE IF NUR	13b COUN	TY	13c. CITY OR TOW	N I	134 INSIDE CITY LIMITS?	130. STREET ADDRESS			
	MARYLAND	BALT	0.	RANDALLS	STOWN	YES A NO	9042 ALLE	NSWOOD	RD.	#21133
4. F.A	ATHER'S NAME	,	AIDDLE	LAST		15. MOTHER'S MAIDEN NA/	WE		LAS	51
	ISADORE		EL	FENBEIN		LILLIAN			KARP	
	VAS DECEASED EVER		AED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT MRS	S. JOAN ELF	ENBEIN		
,	YES	ARM	1	213-32-3	3408	9042 ALLENSWO	OOD RD. RA	NDALLS	TOWN, I	MD 21133
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CAT	19a. DATE OF OPERA	MOIT		- 7		WAS PERFORMED	20a. AUTOPSY?		WERE FINDING CAUSES	
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CER	210. ACCIDENT WAS UP		216. TIME O	FINJUKY M. MONTH DA	V VEAD	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)	
AL	OR CONTRIBUTING		III		19					
MEDICAL	216 INJURY OCCUP	HILE	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
			nl) attended the	deceased from	11-5	-81 19	to 2-25-	1	° 83	that (I) (III) lost
	sow the decea		12-		82	d that in (my) (a c) apinion o				
	226. SIGNATURE	o-ar (oro nor	view the body	ane. deam.	(DEGREE			22c. DATE	SIGNED

22d. PHYSICIAN'S NAME (SPE OR PRINT)

6010 REISTERSTOWN RD

22e ADDRESS

ATTENDING PHYSICIAN MEDICAL STAFF 425 (82

SHULTZ, M.D. MICHAEL

HOFFBERGER BLDG., SUITE BALTO., MD 236. DATE PEB. 27, 1983 OHEB SHALOM MEM. PARK 23d LOCATION

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 24. FUNERAL DIRECTOR

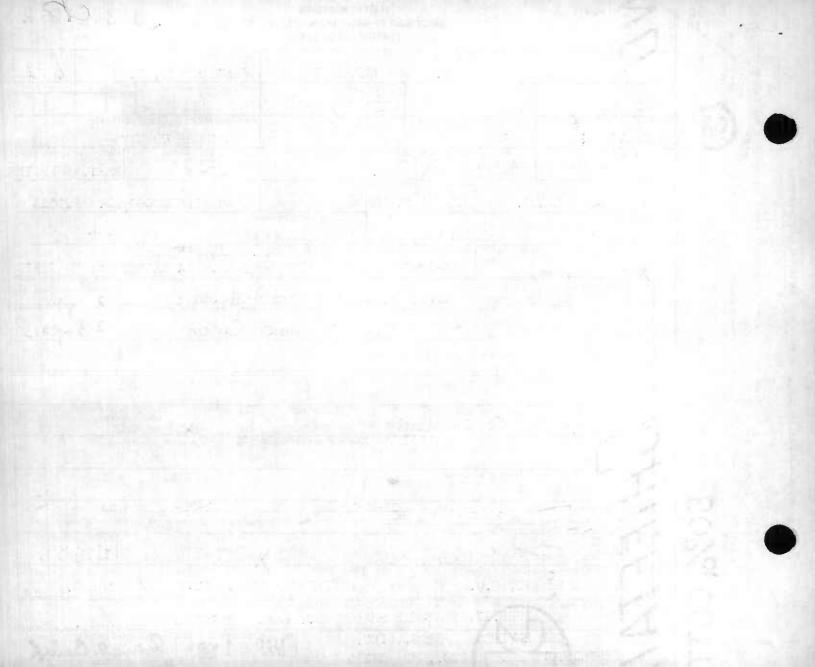
SOL LEVINSON & BROS., INC.

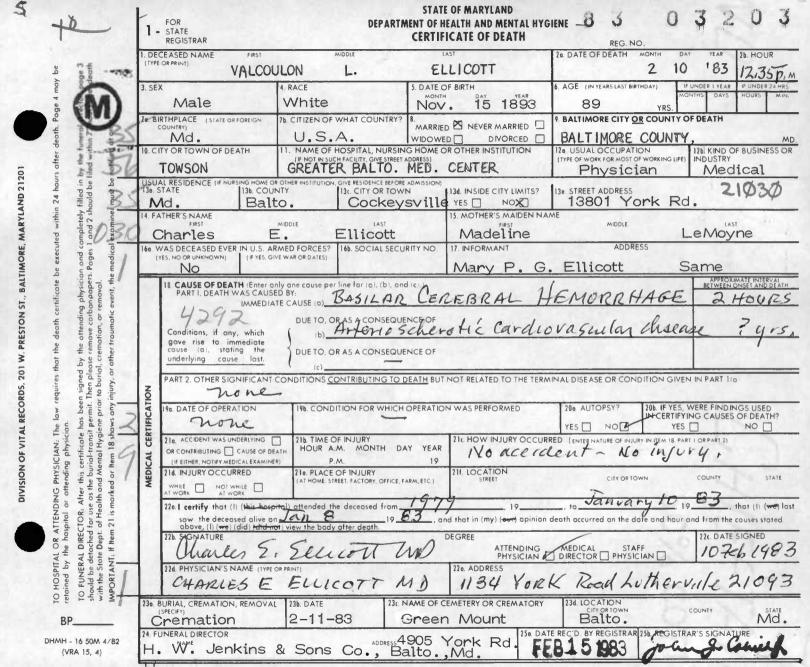
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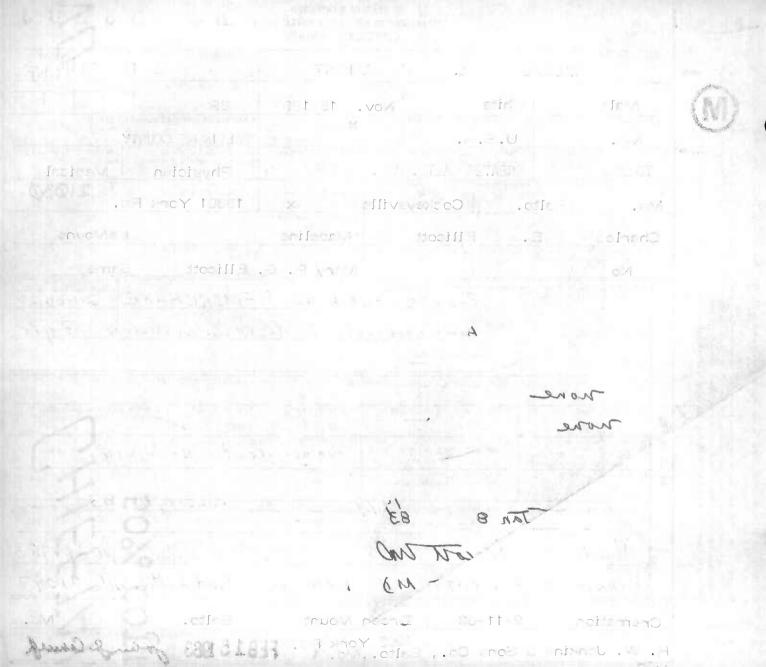
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STATE BALTO. REISTERSTOWN

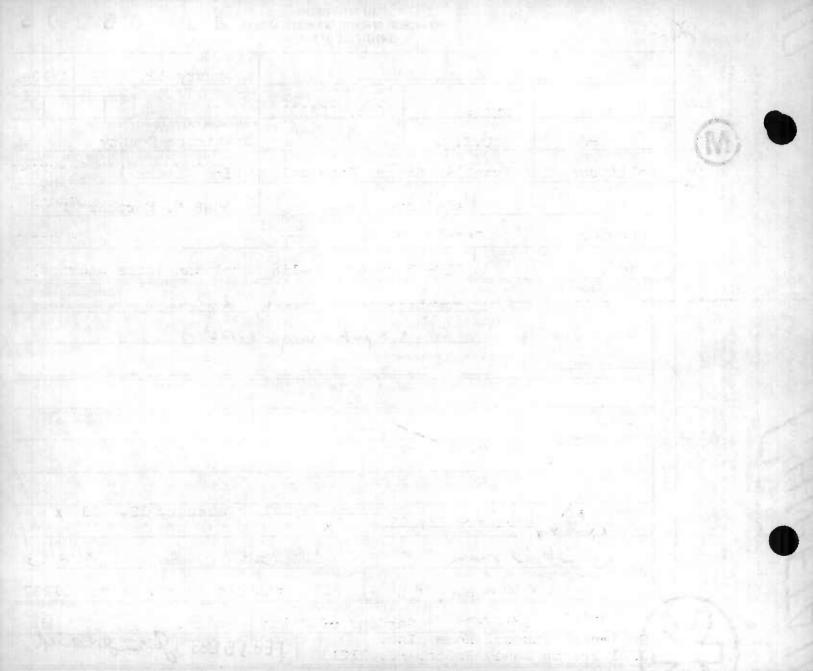
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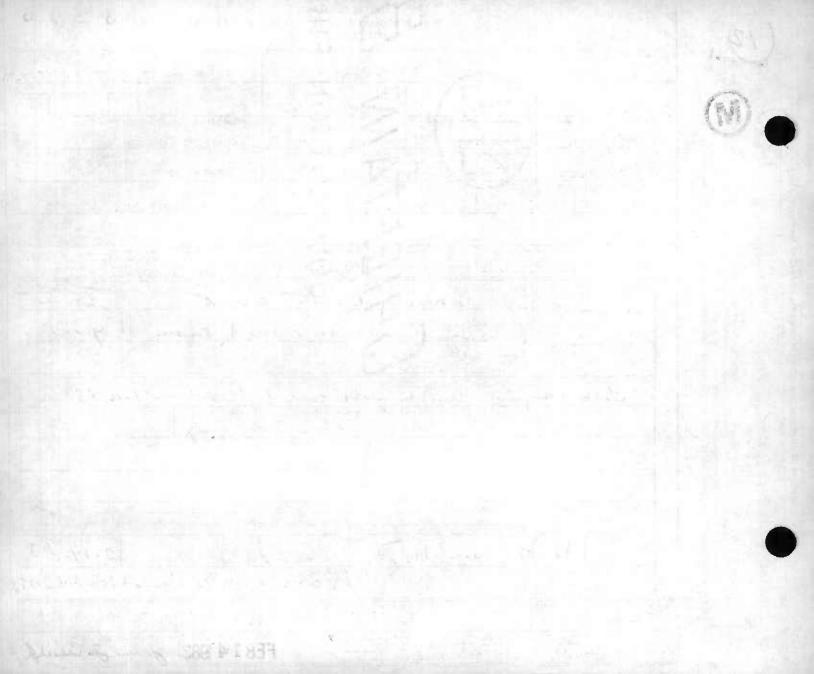




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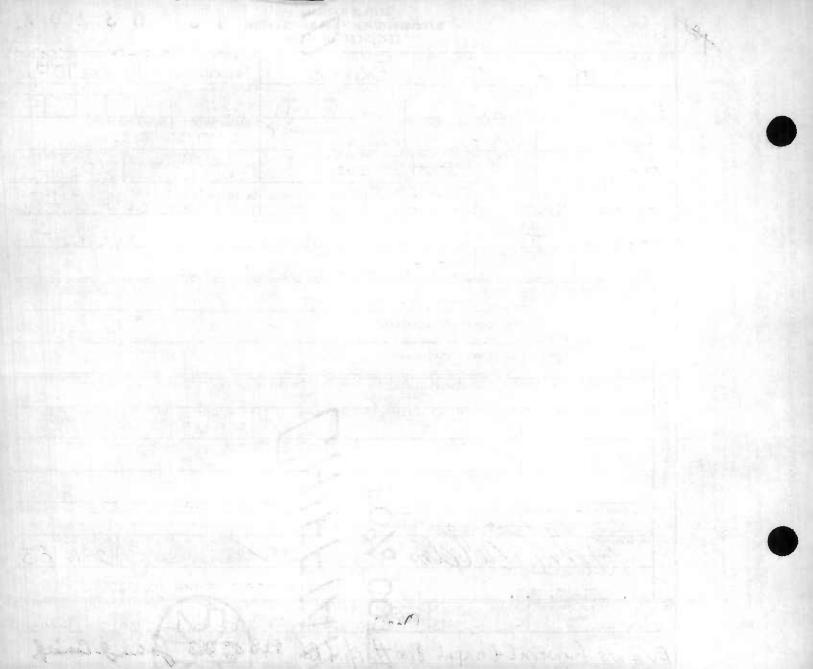


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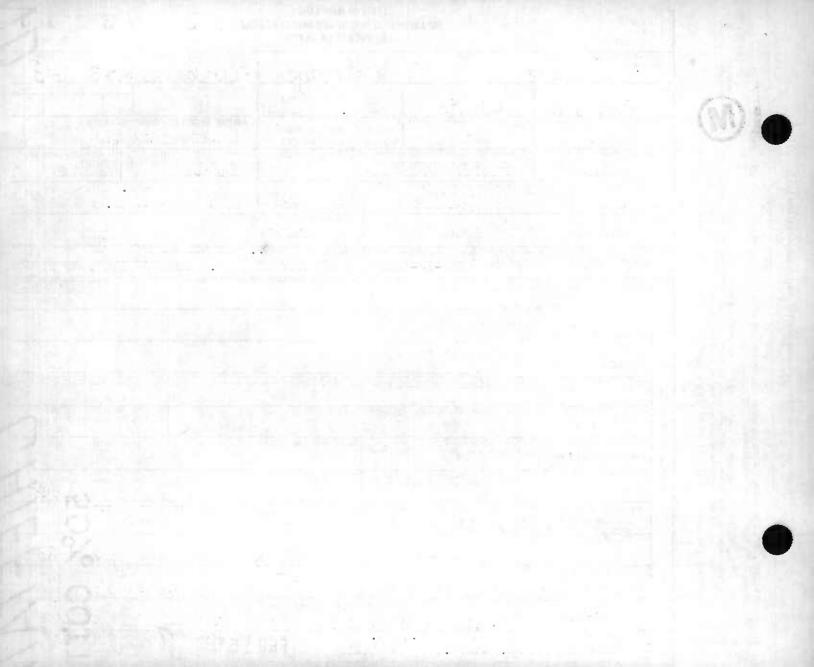
185	1.	FOR - STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.					
		CEASED NAMERUIH	M DIE	ERMER		20. DATE OF DEATH		EAR 26 10 R14
	(TYP	RUTH	C.	ERME	CR	FEBRUARY	1 15,198	83 10 14
1	3. SE		4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIE		
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26		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	MARRIED NE	VER MARRIED		OR COUNTY OF DEAT	тн
1	1	ARYLAND	U.S.A.	WIDOWED	DIVORCED [RE COUNTY	M
58		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE ST JOSE)	SING HOME OR OTHER	INSTITUTION	170. USUAL OCCUPAT		IND OF BUSINESS O
0		TOWSON				CLERK	B	ETH-STE
26	USU 13a.	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION) OWN 13d. INSI	DE CITY LIMITS?	13e STREET ADDRESS		21204
-	_		LTO. TOWS		NO 12		AYCOURT	APT-18
20	14. F.	ATHER'S NAME	MIDDLE LAST	15. MOTH	HER'S MAIDEN NA	WE		LAST
U		HARLES :	J. ERMS	R	CLARP		WS	IKERT
		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFO	RMANT	ADDR	ESS	
			218 18	4934 F	AMILY	RECORDS	1 - 1 - 1 - 1 - 1	
		18 CAUSE OF DEATH (Enter o	inly one couse per line for (o), (b),	ond (ci.)			BET	PPROXIMATE INTERVAL
		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (0) PNEUMO	NIA WITH SE	PSIS			
	7	4860						
		Conditions, if ony, which	DUE TO, OR AS A CONSEC	JUENCE OF				
		gove rise to immediate) (b)					
		couse (0), stoting the underlying couse lost	DUE TO, OR AS A CONSE	QUENCE OF				
	00	PART 2 OTHER SIGNIFIC ANT	CONDITIONS CONTRIBUTING 1	O DEATH BUT NOT PEL	ATED TO THE TERM	AIN AL DISEASE OR CON	IDITION GIVEN IN PA	PT lie
	Z	The state of the s	editamono <u>editamborato</u>	DO NOT KEEP	ATED TO THE TERM	MILL DISEASE ON COIL	DINOR ONER MAJA	KT 110
60	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHI	ICH OPERATION WAS PE	REORMED	200 AUTOPSY?	20b. IF YES, WERE F	
1	FFC					YES NO T	IN CERTIFYING CA	NO []
	ER	21a, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HO	W INJURY OCCUR	RED (ENTER NATURE OF INJU		
7		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR				
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19 21f LOC	ATION			
	WE	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFI		STREET	CITY OR TO	OMN CONN	TY STATE
		AT WORK AT WORK		_m 2–13	10 83	2-15	83	
		22a I certify that (A (this hasp sow the deceased alive or	oitol) ottended the deceosed from	2 83 , and that in	, 17		. 17	, that th (we) lo
		obove, (X (we) (did) (X X)	(t) view the body ofter death.		(mg/) (our) opinion	death occurred on the d		
		THE SIGNATURE	delullant.	DEGREE	ATTENDING	MEDICAL STA		DATE SIGNED
		100111	MW GEVIN	0	PHYSICIAN E	DIRECTOR PHYSIC	CIAN	1-16-03
1		22d. PHYSICIAN'S NAME	Geffinat)	22e. ADI				
1		A. GHILADI.	M.D.	70	520 YORK	ROAD TOWSON	1 MD 21204	
	23a.	BURIAL, CREMATION, REMOVAL		C NAME OF CEMETERY	OR CREMATORY	23d. LOCATION		
	5	SURIAL	ESB 191983	Marsh ann	Mrm. Pr	Parky	LLE BALTO	O- MARYIA
12	24. F	UNERAL DIRECTOR	1, 20, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	. 1 /	250 DAI	ERECD. BY REGISTRAR	256 R GISTRAR'S SIC	
2	F	12 NS Lune	ral ChADOLDORES	1400 Haldin	Pd. FE	B Z 3 1983	Johns	· Carrelf
	K	14 100		100/17/7019	100		4	-

STATE OF MARYLAND



OR ATTENDING one haspital or a DIRECTOR: Afte oched for use os Dept. of Health		O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the draith certificate by executed within 24 hours after distributed by the haspital ar attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the cathendring physician and completely littled in by the fundamental choice of the burial-transit permit. Then please remove cathen about 1 and 2 should be tried within the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	1-	FOR STATE			DEPART	TMENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH		E 8 3	5	0	3 2	08
	1. DE	REGISTRAR CEASED NAME	FIRST	A	AIDDLE		AST DEAT		RE-	G. NO.	ONTH DAY	YEAR	2b. HOUR_
When the same of t		OR PRINT)	adie			9	skridge		Febru	254	3.19	83	618 4
	3. SE	Fama	0.	RACE	rite	5. DATE C	DAY YEA	902	AGE (IN YEARS LA	AST BIRTHD.	YRS.	HS DAYS	HOURS MIN.
Woo		RTHPLACE (STATE OR FO	DREIGN 7	b. CITIZEN OF	WHAT COUNTRY	? 8. MARRIEI	NEVER MARRIE	P	BALTIMORE CI				
1 11 1		TY OR TOWN OF DEA	rH 1	1. NAME OF H	OSPITAL, NURS	ING HOME C	DOY Y DIVORCE	ON 12	In USUAL OCCL	PATION	1	2b. KIND O	MD.
40 1/0		ANDALLSTOW			AN NURS I		Œ		HOUSEW	IFE		AT HO)ME
Se la	13a. S	AL RESIDENCE (IF NURSI STATE IARY LAND	136 COUNT	TY	BALTIMO	WN ORE	138. INSIDE CITY LIM	AITS?	* STREET ADDR 2803 DA	ess AMAS	APT. CUS CT	A '• #	21209
de la	14. FA	NATHAN	м	IDDLE S	UGAR LAST		15. MOTHER'S MAID RACI	HAEL	MIDE	DIE	UN	KNOW	J
Z don't		VAS DECEASED EVER I		ED FORCES? WAR OR DATES)	166 SOCIAL SEC 219-10-		17 INFORMANT 8 HICKOR'		NEIL ES			LE, N	1D 21030
outs by society, r, the		18 CAUSE OF DEATH PART I. DEATH WA	Enter only	ane cause per	line far (a), (b)	and ici)						APPROXI BETWEEN	MATE INTERVAL DISET AND DEATH
certifu ing ph intensity or remo				CAUSE (a)		30"							
death ortens often, c		Conditions, if any, gave rise to imm	which	(b)	R AS A CONSEQU	UENCE OF							
by the		cause (a), stating underlying cause		DUE TO, OF	R AS A CONSEQU	UENCE OF							
equires the signed the plectory, or njury, or	NO	PART 2. OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR	CONDIT	ION GIVEN I	N PART 110	J.
The law relicion.	CERTIFICATION	190. DATE OF OPERAT	ON	196. CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED		200 AUTOPSY?	11	Ob. IF YES, WE N CERTIFYING YES		
Trigon Para Cal		21a. ACCIDENT WAS UNDI	AUSE OF DEAT		M. MONTH		21c HOW INJURY C	OCCURRED			NITEM 18 PART 1	OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHI	ED	21e. PLACE ((AT HOME, STR		. FARM, ETC)	21f. LOCATION STREET	5,540		OR TOWN	27	COUNTY	SIATE
ENDING Policy are offer the use as the Health and is marked		The Lengtifus that (I)	this hospite	ili ottended the	e deceased fram			77	, .0	112	31, 19		that (I) (we) last
OR ATTER PROPIECTO DIRECTO Dept. of them 21 if them 21		saw the deelose obove, (If we) 22b SIGNATURE	न वर्ग कर	vine the body.	after death.		d that in (my) (aur) a	apinion dec	ith accurred on t	the date	and haur and	22c. DATE	
SPITAL OR. J by the horner NERAL DIRE be detached e State Dept		0	1//	n	_			DING X	MEDICAL DIRECTOR PH			2-1	1-83
POR the		HOWARD	4	ARBER	mD		220. ADDRESS 5:	310	stown	^	, -1	33	
PP		BURIAL, CREMATION, F	removal L	FEB.6.		NAME OF C	EMETERY OR CREMA	ATORY	23d. LOCATION CITY OR TOV BALT I		co	MAR'	YLAND
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FU	UNERAL DIRECTOR 10 NA REISTER	SOL L STOWN	EVINSON	& BRUS	, INC.	1215	FEB.	5 1983	TRAR (5)	REGISTRAR	SIGNAT	KRELK

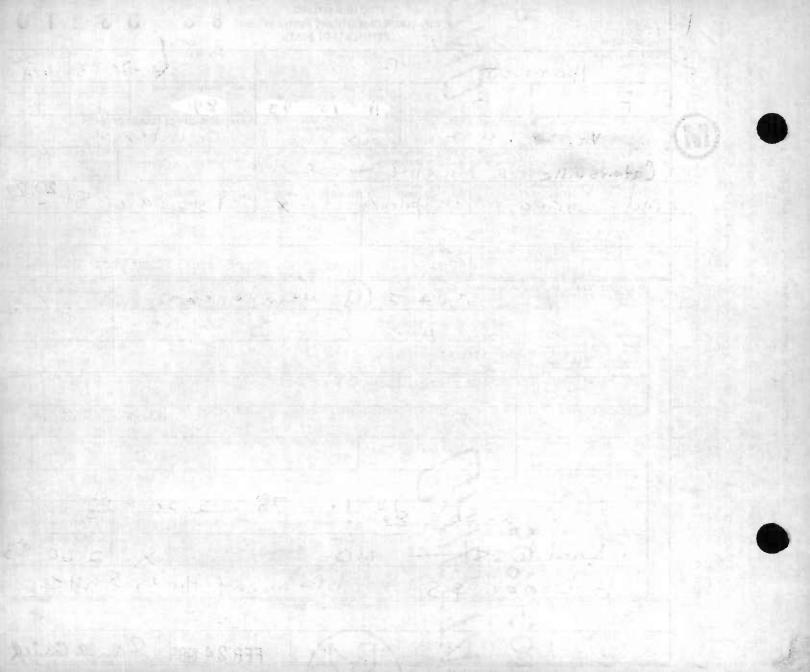


10	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND N CERTIFICATE OF D		ENE O O		J 2	. 5 7
		CEASED NAME FIRST	MIDDLE	LAST	5			AY YEAR	26. HOUR AM
poge 3	(111)	RICH	ARD CHANNING	EYRE			2 5	83	10:15
er d	3. SE	Х	4. RACE	5. DATE OF BIRTH		AGE JIN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
10 35		Male	White	June 23,	1908	74	YRS.	DATS DATS	HOURS MIN.
To all		IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8. MARRIED X NEVER M	AABBIED T	BALTIMORE CITY O	COUNTY	OF DEATH	
EIVE)		arvland	U.S.A.		VORCED	BALTIMORE	COU	TNY	MD.
		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSI	NG HOME OR OTHER INST	ITUTION	12a USUAL OCCUPATIO	NC NCBY ING USE	126. KIND C	OF BUSINESS OR
13 D6	T	OWSON	GBMC 506701 N.	CHARLES ST	T	Machinis	st	Manu	facturi
ond bed in	13a :	AL RESIDENCE (IF MURSING HOME O STATE 136 COU CVland Bal		VN 113d. INSIDE CI	ITY LIMITS?	8630 Oak	eigh	Road	21234
44		ATHER'S NAME			MAIDEN NAM	E	-CISII	noau	21214
\$1 MBC		Lewis	B. Evre		PRST	WIDDLE		Sim	m es
2 8		VAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SEC			ADDRE	SS	DIM	
Poge medi		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 217-07-3	1591 E. Tre	ne Evr	e8630 0al	cleig	h Roa	d 21234
the last		18 CAUSE OF DEATH (Enter of	nly one couse per line for (o), (b), or			000 70 00.2			MATE INTERVAL ONSET AND DEATH
1000		PART I. DEATH WAS CAUSE	TE CAUSE (0) METAS	TATIC ADENO	CARCI	NOMA		4 M	ONTHS
ding ortio		1991	DUE TO, OR AS A CONSEQU						
ttene ve co ian,		Conditions, if ony, which	(b)	ENCE OF					
emo emo mat		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF				0	
by to ose r		underlying couse lost.	DOE TO, OR AS A CONSECU	ENCE OF					
n signed by the attending Then please remove control or to burial, cremation, or injury, ar other traumation.	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMIN	NAL DISEASE OR CON	OITION GIVE	EN IN PART 16	0'
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFOR	RMED	20a AUTOPSY?		, WERE FINDI	
hos ene	TEX					YES NO	YES	YING CAUSES	NO [
of-tronsit tol Hygi m 18 sh	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJ	JURY OCCURRE	D (ENTER NATURE OF INJUS	Y IN ITEM 18 PA	ART 1 OR PART 2)	
of tree		OR CONTRIBUTING CAUSE OF DE		AY YEAR					
Meri A	MEDICAL	21d. INJURY OCCURRED	21e, PLACE OF INJURY	21f. LOCATIO	N	CITY OR TO	A/b.I	COUNTY	STATE
ond	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) STREET		CITORIO	VIV.	(001411	STATE
	10		ital) attended the deceased from	12-27	, 19.82	_, to 2-5	, 1	19.83	that (1) (we) lost
CTOR.		sow the deceased alive or		83 . and that in (my) ((our) opinion de	eath occurred on the do	te and hour	ond from the	couses stated
REC hed the ept.		22b. SIGNATURE) view the body offer death.	DEGREE				22c. DATE	SIGNED
e Doc		n. & who	taken Mil.) A	ATTENDING PHYSICIAN	MEDICAL STAF	FIAN	2/5	-183
to FUNERA should be di with the Stor		224 PHYSICIAN'S NAME TTYPE	,	22e ADDRESS	1000	DIRECTOR TITISIC	17.7	10.70	700
to FUNERAL DIRECthould be detoched with the Stote Dept.		N.L. WHIT	AKER, M.D.			1 N. CHAR	LES S	ST, TO	WSON MD
	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR C		23d. LOCATION CITY OR TOWN		COUNTY	STATE
	_	tombment	Feb. 8, 83 Pa	rkwood Cem	netery	Baltimo	re Co	., Ma	ryland .
- 16 50M 4/82		UNERAL DIRECTOR	ADDRESS		25a. 24TE	BEC'D. 7 1983 AR	251 PEGISTR	RAR'S TEN	abuelf
VRA 15, 4)	W	Illiam E. Joh	nson8521 Lock	Raven Bly	rd.		U	•	

STATE OF MARYLAND

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BALTIMORE COUTNY		4		
the same of the same of	CHARLES ST	6701 N.	OMAG	MOSWOT
The state of the s	ef.,			
118 Brown Enduates Of Hear		- 3		
C I MONTHS	ATIC ADENO CAS	TEATSM		
8.3	72 - 27			
	72 - 27 83			

X		FOR STATE REGISTRAR	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL F RTIFICATE OF DEATH	HYGIENE 8 3	03210
+		CEASED NAME FIRST	iett F	air	26. DATE OF DEATH M	2 - 20-83 4 A
	1.58	F		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN YRS.
1)	Per B	RTHPLACE (STATE OR FOREIGN 7)	WID WID	RRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
0	(atons ville	1. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES BBN WWW.	Hone	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V	
33	USU.	AL RESIDENCE (IF NURSING HOME OR O TATE	Present all a la la	13d. INSIDE CITY LIMITS	? 136. STREET ADDRESS	cates St-200
30	14 FA	THERS NAME William	Chandler Chandler	Willie		Jam'ê's
2	160 V	VAS DECEASED EVER IN U.S. ARMI ES, NO OR UNKNOWN) (IF YES, GIVE W	ED FORCES? 166 SOCIAL SECURITY NO PAR OR DATES) 579–16–78		Warf 1009 H	amilton St. N.
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) NOTIONS CONTRIBUTING TO DEATH	OF C1 V	TRMINAL DISEASE OR CONDI	ITION GIVEN IN PART 1(0)
9	TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ation was performed	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
9	MEDICAL CERT	2) 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	EAR 19	URRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	C.) ZIF LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (1) (this haspital sow the deceased alive on above, (1) (we) (did) (did not)	ottended the deceosed from		on death occurred on the date	e and hour and from the couses stated
		276. SIGNATURE Howade	0881-	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	
/		22d. PHYSICIAN'S NAME (TYPE OR P	ados 5	BP N	noing Hom	e, Sauce
	23a. E	urial, cremation, removal Burial		of CEMETERY OR CREMATOR Zion Cem.	Baltimo:	
		m. C. March F	/H 1101 E. Noi		FFR 2 4 1983	Sh. REGISTRAR'S SIGNATURE



- STATE

TYPE OR PRINTS

REGISTRAR

FIRST

DECEASED NAME

, and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 8405 Loch Raven Blvd. 661-2222 '83BlueRidgeMem.Gardens Beckley, West Virginia Entombment Feb. 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 William E. Johnson8521 Loch Raven Blvd (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

12h KIND OF BUSINESS OF

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

5 MIN

Radio

1983

INDUSTRY

Hill

YES [

COUNTY

IF UNDER 1 YEAR

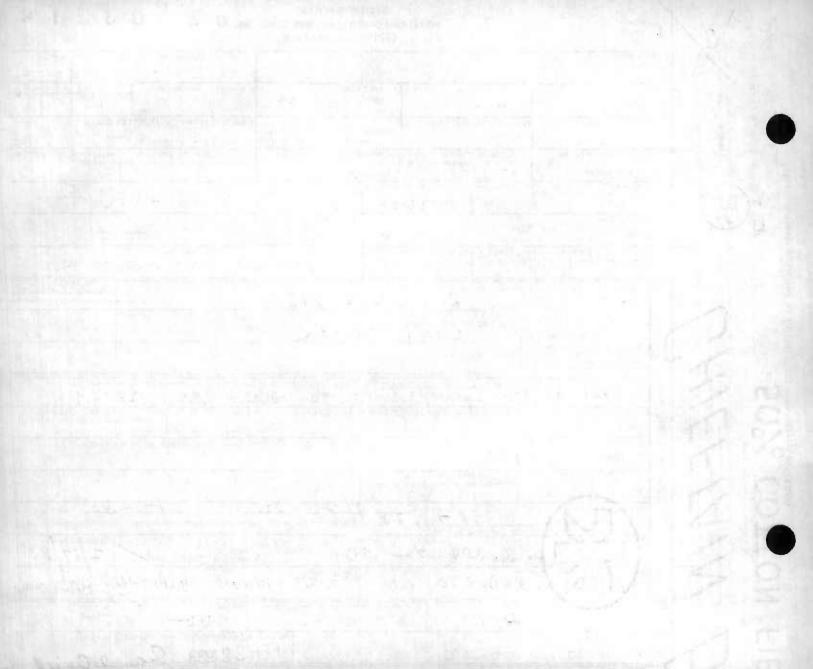
2n. DATE OF DEATH

THE STATE OF U.S. 12:30 12:30m East 20, 1912 20 and virginia County and a deal deliginoroviguacy and often goalvrous swerten goal at the 9823 eryland Faltimore 2129 1 1 6219 John Air John 21294 S. - McCormion .dria Personal Presentation of the second of the s The state of the s Unamond I. L'Standay, M.D. - BUCS Comm. Leven Light, No. - 2222 similari cas , velios ansaras agliculiga, ti de citatitatica Lalien 2. Johnson8521 Lock Reven Blvs. - FR / A 183 James the leading williams the team pattern and but the day

STATE OF MARYLAND

bial of managerial A. and a company Time to the . Tredeside Pandhested Canadasted Casasilility Co., Story o test action of the state of t - 14-14-Cart and . Edecy, blid subschort the. It C, (11) 120 S F. . LE Set EL . 1051 Per Alica . 12 22 98 8 17 Citylew Charactery of total Ille 2-116.

Xd	1.	FOR STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE 8	S Q	3214
. 10		EASED NAME FIRST	MIDDLE		AST	20. DATE O	F DEATH MONTH	DAY YEAR 2b. HOUR
y be	,,,,,	John	н.	Fi	nch		2	17 83 1:00pm
t ma	3. SEX		4. RACE	5. DATE (YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
oge '		Male	Black	2	7 15		11.3.	
death. Pag	CC	THPLACE (STATE OR FOREIGN DUNTRY) Md.	76. CITIZEN OF WHAT COI	MARRIE		⅓ Ba]	Ltimore 6	ity Co, MD.
by the fundfiled within	Ва	ltimore	8722 Stoc	kwell R	oad		OCCUPATION RK FOR MOST OF WORKING	LIFE) 126. KIND OF BUSINESS OR INDUSTRY
24 hou	ÜŞUA 13a. ST	ATE Md. 13b. COL		or town timore	134. INSIDE CITY LIMIT	13 STREET 8722	Stockwell	Rd. 21234
d camp es 1 an icolexamine	5	HER'S NAME Ohn	H. Fir	nch, Sr.	15. MOTHER'S MAIDER ROSale			rower (AST
e execut n and co Pages 1			DIE WAR OR DARKEL	03-1332	Gwendolyn	Reed	8722 Stoc	ckwell Rd.
quires that the death cer signed by the attending hen please remave carba to burial, cremation, ar re iury, ar ather traumatic e		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause last. PART 2. OTHER SIGNIFICANT MGTAST		NG C		TERMINAL DISEA		IVEN IN PART 110
on. t permit. I ene prior	CERTIFICATION	90. DATE OF OPERATION	19b. CONDITION FOR	/ - Pling Co		200 AUT	OPSY? 206. IF Y	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO
intending physical this certificate the buriol-transit he buriol-transit ked or them 18 shared or them	₹ E	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 216. INJURY OCCURRED	EATH HOUR A.M. MON	19	21c. HOW INJURY OC	CURRED (ENTER N	CITY OR TOWN	S PART I OR PART 2) COUNTY STATE
haspital or of the state of the		WMIE NOT WHIE AT WORK AT WORK 220.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did 112.5 SAA URE	pital) attended the deceased	1 from	11	NG MEDICAL		our and from the causes stated 221, DATE SIGNED 217/83
retained by the retained by the TO FUNERAL (Should be detained with the State (IMPORTAN); If		22d PHYSICIAN'S NAME (TYPE	REDWOOD	MD			HOSPITA	AL BALTIMORE
BP	Bü	irial, cremation, remova rial	24/21/83		emetery or cremate ore Cem.	Ba	Itimore, M	
HMH - 16 50M 4/82 (VRA 15, 4)	24 FU Wm	NERAL DIRECTOR	H Inc.1101	E. North	Ave.	FEB 22	REGISTRAR 25b. REGI	STRAR'S SIGNATURE



DHMH - 16 50M 4/82 (VRA 15, 4)

- STATE

REGISTRAR

APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 22c DATE SIGNED X DIRECTOR PHYSICIAN Bnai Istael Cemm Balto. .Md. 24. FUNERAL DIRECTS OL LEVINSON & BROS ADDRESS MD. (21215) 256. DATE REC'D. BY REGISTRARI256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

HOMEMAKER

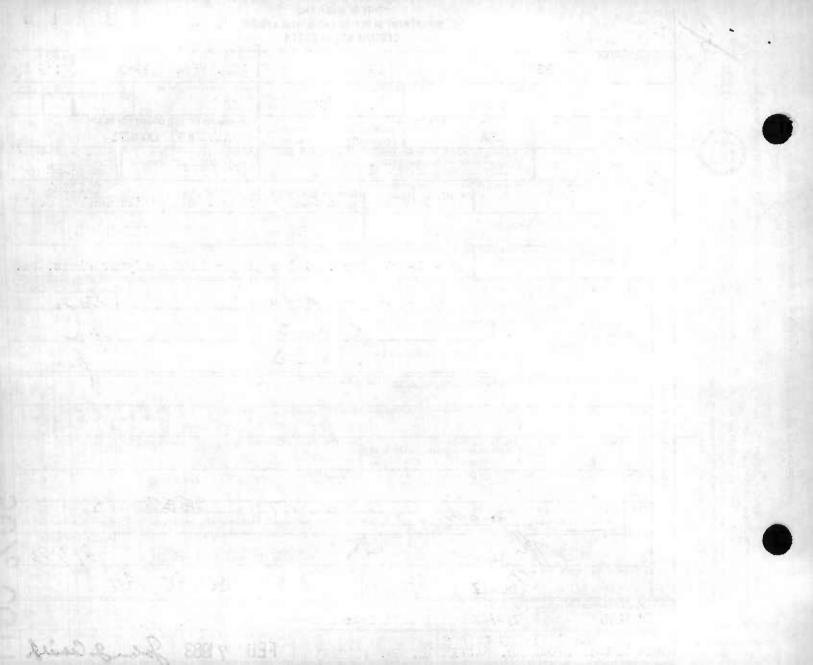
(21210)

IF UNDER 1 YEAR

SCHUCHAT LAST

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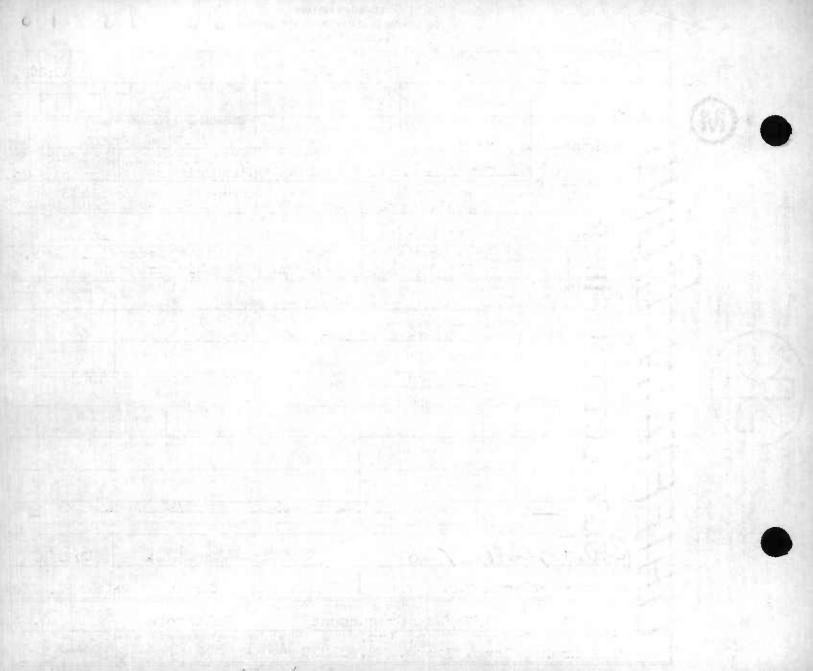
IF UNDER 24 HRS



5	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 3	0	3 2	16
		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
		Elmer	F.		nbinder	2	24	83	9:40P M
	3. SE	m ale	White	S. DATE C		6. AGE (IN YEARS LAST BIF		IF UNDER 1 YEAR	HOURS MIN.
5	7g. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY U.S.A.	? 8 MARRIE WIDOWE	DEX NEVER MARRIED DIVORCED D	9 BALTIMORE CITY O	MORE COUNTY		MD.
56		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE) GREATER BALTIMO	ET ADDRESS)		12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Bus drive	OF WORKING LIFE		fassis or isit Co.
35	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORM TO Baltin	WN	130. INSIDE CITY LIMITS? YES XX NO []		Chest	2121 erfield	
00	14. FA	THER'S NAME James	Finker.	binde	13. MOTHER'S MAIDEN NA r Lydi	a		Beth	
2		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 216-10-		17. INFORMANT Kenneth	3138^℃ Finkenbin			Ave.
	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQ	UENCE OF UENCE OF UENCE OF	ema and congress to the term		DITION GIVE	EN IN PART I (d	31
1	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC		N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIFY	WERE FINDIN	IGS USED OF DEATH? NO
	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR		RY IN ITEM 18, PA	ART 1 OR PART 2)	
	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME: STREET, FACTORY, OFFICE	FARM, ETC)	21f. LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
		saw the deceased alive an	tal) attended the deceased fram 2/24 11) view the body alter death.	_ 83 , or	./22 , 1983 Indit that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN		ate and havr	and from the c	
I		Robert A. Pa			22e ADDRESS	arles Street	3.34		Md. 2120
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	2/28/83	Green	emetery or crematory	236 LOCATION CITY OF TOWN Baltime		COUNTY	Md.
	24 FI	JNER SCHIMUNEK 3331 Brehm	Funeral Home, s Lane, Balto	Inc.	21213 MAR	TE REC'D. BY REGISTRAN	o au	Lar's signati	URE

DHMH-16 30M 2/80 (VRA 15, 4)

BP.



Ruck Towson Funeral Home, Inc. Towson, Maryland FFB

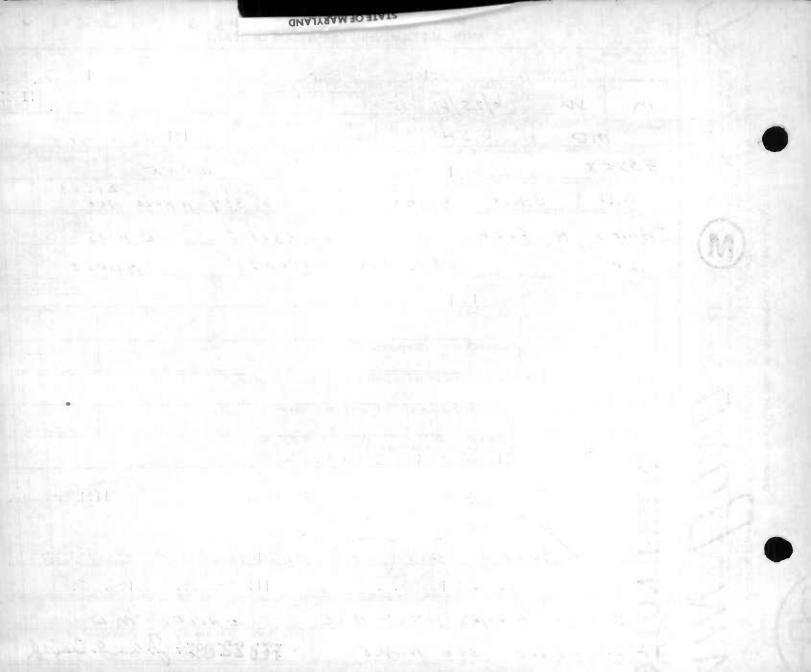
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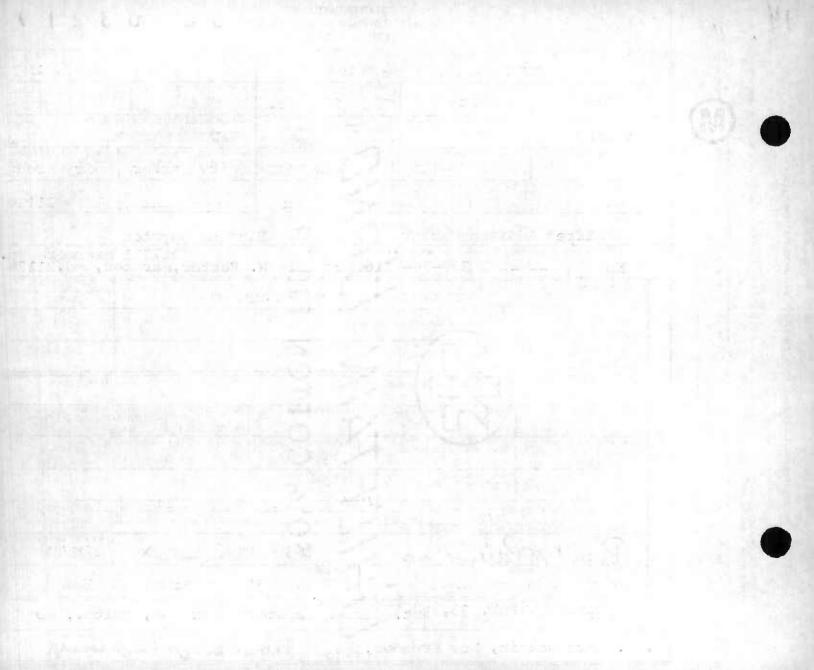
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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13	FOR	DEPARTMENT C	F HEALTH AND MENTAL H	TYGIENE 5	0 3 2 1 0
1,.	STATE REGISTRAR	MEDICAL EXAM	INER'S CERTIFICATE C		NO.
	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE KNOWN	MONTH DAY YEAR 26. HOUR
11	YPE OR PRINT)	Chanles	F0.00		
3. SE	Antho	ny Charles 15. DATE OF BIRTH 16. AGE (#	FOOT YEARS IF UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE	MONTH DAY YEAR 74 HOUR
	mW	MONTH DAY YEAR LAST BIR	THDAY) MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	2.3
70	BIRTHPLACE (STATE OR	7b. CITIZEN OF WHAT COUNTRY?	YRS.	A BALTIMORE CITY	2 20 19 83 a M
	OREIGN COUNTRY)		MARRIED NEVER MARR	IED I	manage .
10.	MO	USA	WIDOWED DIVORC		ore County, MD
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO	55)	FOR MOST OF WORKING LIFE)	TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY
	ESSEX	339 Maple Avenu	e	NONE	5
	JAL RESIDENCE (IF IN NURSING HOME O		ISSION)	13e. STREET ADDRESS	21221
	MD B	ALTO ESSEX	YES NO D		LE AVE
14.8	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDE	EN NAME MIDDLE	LAST
1 "	SAMES H.	FOOR	MARTO		DAUIS
166.	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOCIAL SECU		ADDRE	ESS
(YES, NO, OR UNKNOWN) (IF YES, GIVE)	VAR OR DATES) 218 92 /	522 PAREN	75	ABOVE
		y one cause per line for (a), (b), and (c),)	1777		APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSED	BY: Incland wou	nd of nook		BETWEEN ONSET AND DEATH
	GI-LO IMMEDIAT	ECAUSE (o) Incised wou			
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE	LE OF		
	gave rise to immediate	(b)			
	couse (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE	CE OF		
	7,119	(c)			
	PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO CEATH BUT NOT RELATED TO THE I	TERMINAL DISEASE OR CONDITION GIVEN IN PA	RT 1 (a):	
NO					
A	198. DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED?		20 AUTOPSY?
F					YES 🛭 NO 🗆
CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY		D (ENTER NATURE OF INJURY IN ITEM	
	UNDERLYING OR	DEATH 1:40m. 2 19 19		cut	
MEDICAL	CONTRIBUTING CAUSE OF D	21e PLACE OF INJURY (AT HOME		Cui	
M	WHILE NOT WHILE O	STREET, FACTORY, FARM, ETC.T	STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK	home	1339 Maple Ave	nue	Baltimore, MD.
	22s I certify that I took charg	e al the rumaint described obove, held a	Autapsy X, Inspectio	n . Inquiry .	and in my apinian
	death resulted fram:	aj cours [] Accident []	Hamicide X	Undetermined manner],
	//	WIY A	TITLE (SPECIFY)		
	ACTUAL ALL	Swork / Nunt		iefedical examiner	DATE SIGNED 2/20/83
2	When the state of		_ M.Doopary	MEDICAL EXAMINER	SIGNED
	EXAMINER'S NAME T	homas D. Smith, M.	D. ADDRESS	II Penn St.	Balto.,MD.
220	BURIAL, CREMATION, REMOVAL 2		ADDRESSCEMETERY OR CREMATORY	23d. LOCATION	
230.	(SPECIFY) BURIAL	2/22/83 HOLL	1. 11	BALTO.	COUNTY STATE
74	FUNERAL DIRECTOR	10-703 17022	7 HILL 1750 DATE	REC'D. BY REGISTRAR 25b. RE	
1	NAME	ADDRESS		B 2 2 1983	4. Q. Cario
	J.B. CONNEL	LY 300 MA	TCC FE	D 04 1301 6	and and





Hi	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND ' MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 3 D	3 2 2 0
	PECEASED NAME CAPOLIS	ne C. Foy	LAST	Feb. 4, 1983	Y YEAR 76. HOUR
) fe	male	white	ec. T901 TEAR		UNDER 1 YEAR IF UNDER 24 HRS NIHS DAYS HOURS MIN.
Ma 10.0 Ti	BIRTHPLACE (STATE OR FOREIGN COUNTRY) aryland CITY OR TOWN OF DEATH . MONIUM	101 Hollow Broc	MARRIED NEVER MARRIED NO	9. BALTIMORE CITY OR COUNTY O Baltimore County 17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) at home	
30 Ma 30 Wi	FATHER'S NAME FIRST BANZED OF THE STANDARD O	ISC CITY OR TOW TIMONIUM MIDDLE CK MED FORCES? 166 SOCIAL SECU	N 13d INSIDE CITY LIMITS? YES NO D 15 MOTHER'S MAIDEN NA FIRST Eliza De	eal ADDRESS	Road 21093
NO.	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) PNER A L	NCE OF + EMPHYS NCE OF DEBILITY 20	COLLAPSE /AT. FIB MET. CA.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION		196 CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DAY (FE EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE NOTIFE NOTIFE AT WORK AT WORK AT WORK	HOUR A.M. MONTH DA	19 21f LOCATION	RED (FNTER NATURE OF INJURY IN ITEM 18 PART	1 ORPARI 2) COUNTY STATE
MEDICAL CI	220.1 certify that (1) (this bospi	OR PRINCIP	DEGREE ATTENDING PHYSICIAN 5 22e ADDRESS West Timoni	MEDICAL STAFF DIRECTOR PHYSICIAN	82, that (I) (we) lost and from the couses stated 22c. DATE SIGNED 2/7/8-3
23a	BURIAL, CREMATION, REMOVAL ISPECIEY)		NAME OF CEMETERY OR CREMATORY	Palilimore City,	Md. STATE

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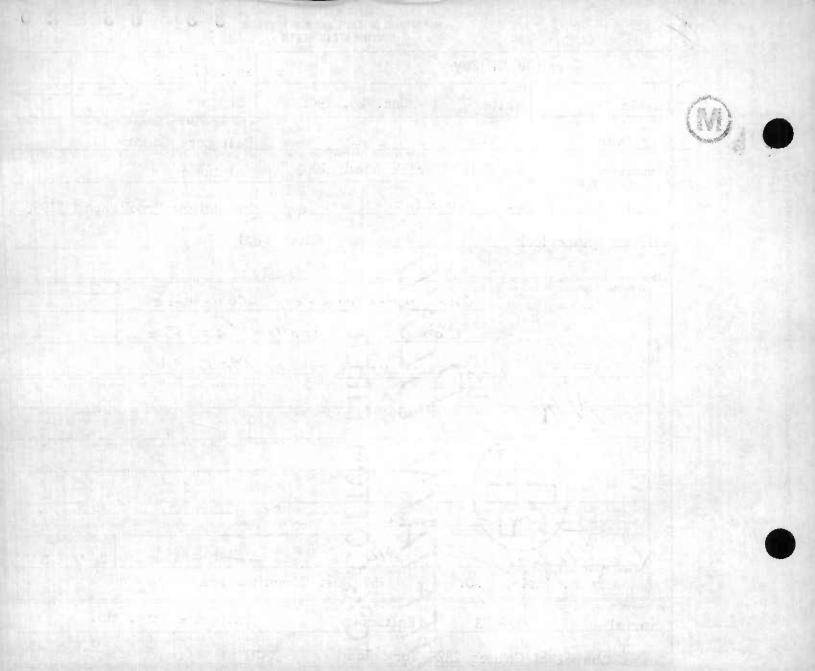
24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

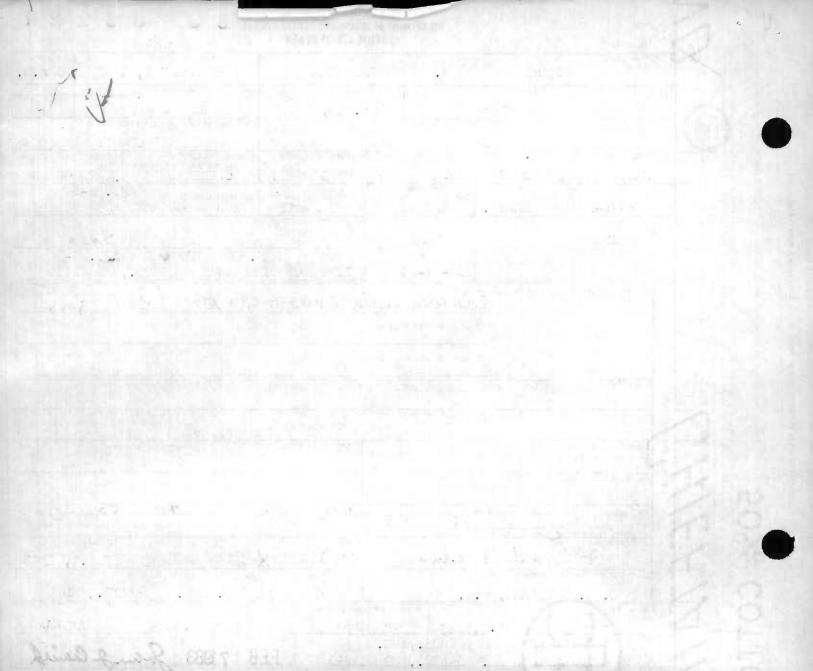
buria

ans Chapel of Chimes 2325 York Road

25a. DATE REC'D.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE





DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE KNOWN 20. DATE (TYPE OR PRINT) OF E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
D, WITHIN 72 HOURS
W. PRESTON STREEN DEATH MAT VERNON FUL CHER AGE (IN YEARS | IF UNDER 1 YR 3 SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED MALE 8 21 WHITE 15 DEAD 61 YRS 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY UNITED STATE WIDOWED DIVORCED Virginia BALTO COUNTY
128. USUAL OCCUPATION (TYPE OF WORK 12b. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY TOWSON JOSEPH'S Hospital Western Electric USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13n STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? BALTIMORE, MD. 21201 13e STREET ADDRESS YES NO X BALTO BAL TO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME William LAST EIRST Albert Fulcher Emma Culpepper 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS LYES. NO. OR UNKNOWNI (IF YES, GIVE WAR OR DATES) Yes WWII 220-03-2239 James W. Fulcher 20105 Cameron Mill 18 CAUSE OF DEATH (Enter only one cause per line forth 21120 (b), and (c). PART I DEATH WAS CAUSED BY F MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, MMEDIATE CAUSE (a OR REMOVAL CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the underlying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION USED / 19g. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, 8 YES NO W FORWARDED TO THE COR. PAGE 3 SHOULD BE HE STATE DEPARTMENT 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 211. LOCATION 21d. INJURY OCCURRED PAGE 4 SHOULD BE FORWARDER
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection 220. I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my opinion death resulted from? Hamicide Undetermined monner Natural causes Suicide Charles F. O'Donnel, M.D. York Road Towson, Maryland **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236 DATE 73c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore County, Maryland Burial BP Parkwood Cemetery 24 FUNERAL DIRECTOR **DHMH-17** ADDRESS (VR A15 ME (5)) Leonard J. Ruck, Inc. Baltimore, Maryland 15M 2/80

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STATE OF THE STATE

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STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR						REG. N	٥.				
		CEASED NAME	FIRST	- 1	MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY Y	EAR	2b. HOL	UR
		E OR PRINT	AUDI		RIE FUN	īK		FEBRUARY		983			М
5	3. SE	X		4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY	IF UNDER	DAYS	HOURS	R 24 HRS
		Female		White		May	21,1919 YEAR	63	YRS.			HOOKS	MIN.
n		IRTHPLACE (STATE OR F	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNT	Y OF DEA	TH		
Z	76	Maryland		USA		WIDOW	ED DIVORCED	Baltimore		nty			MD.
1	10. €	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN HEACHITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATI		12b. K	IND OF	BUSIN	ESS OR
U		Towson		1210	Wine Spri	ng La	ane	Bacterio	.ogis	t Ho	spi	tal	
1	13a. S	AL RESIDENCE (IF NURS	136. COUN	ITY	13c. CITY OR TOW	ADMISSION)	134. INSIDE CITY LIMITS?	130. STREET ADDRESS					
9	-	Maryland	Balt	imore	Towson		YES NO	1210 Wine	Spr	ing I	ane	. 2	1204
>		ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA				LAST		
)(_	Leander M.						nces Cora Bi					
		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	380	7 Lat	tham	Rd.		
		No			220-36-5	250	Cordella Funk	Snyder Bal	to.,	Md.	212	07	
		18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (0), (b), which	119.11	01'(2. 4		863	PPROXIA	MATE INTE	RVAL
		PART I. DEATH W		E CAUSE (0)	ASEVA	/	Sardiac 4	recep					
		2500)	DUE TO, OI	R AS A CONSTOUR	NCE OF	a-00/	101.	-				
		Conditions, if any,		(b)_	AL	alegi	as Wellete	ul lato	nec				
		gave rise to imm	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF	/						
		underlying couse	last.	(c)					ni'd				
	_	PART 2. OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PA	ART Ito		
	CERTIFICATION												
4	CA	190 DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE F			
1	RTIF							YES NO	YE	ES 🗌		NO [_
أو		21a. ACCIDENT WAS UND		21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18	PART I OR PA	ART 2)		
7	MEDICAL	(IF EITHER, NOTIFY MEDIC				19				-			
-	4ED)	21d. INJURY OCCURE		21e. PLACE O	OF INJURY EET, FACTORY, OFFICE, FA	ARM FIC \	21f LOCATION	CITY OR TO	WN a	COUN	VIY		STATE
	~	AT WORK AT WOL	RK		, action, office, i	1/	1/19	/-	1-				
		22a.1 certify that	this haspi	tal) attended the	deceased from_	4/04	19	_, to 10715	182	19	, t	hot (II)	we) last
		sow the decease above, (1) (we) (e	ed alive on	t) view the body	ofter death.	, 0	nd that in (my) our) apinion	death accurred on the de	ate and has	ur and tro	m the c	ouses st	oted
		719 SUSTNATURE	m				DEGREE			22s.	DATES	IGNED	11
		(-place)	61-4	source	· MD.		ATTENDING PHYSICIAN	MEDICAL STAP	IAN 🗆	0	2/2	5%	83
1		THE HYSICIANS NA	ME (PEO	R PRINT)		-, 8,	22e ADDRESS					-	
		John J	. Mes	ssina, M	.D.		7401 Osler I	r. Towson,	Md.	2120)4		
		BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION	770	COUNTY			STATE
		Burial		Feb. 2	6,1983	Lo	udon Park	Baltimore	Cit	v. Ma	rv1		STATE
	24 FL	UNERAL DIRECTOR			-	EOO 3	25a. DAT	E REC'D. BY REGISTRAR	Sh. PEGIS	TRAPSS	SHAU	BLK	3
	Mi	itchell-Wi	edefe	1d Home	, Inc. Ba	lto.	, Md.21212MAR	3 1983 0		-0			

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IMPORTANT: If them 21 is marked at them 18 shows any injury, at ather troumatic ev

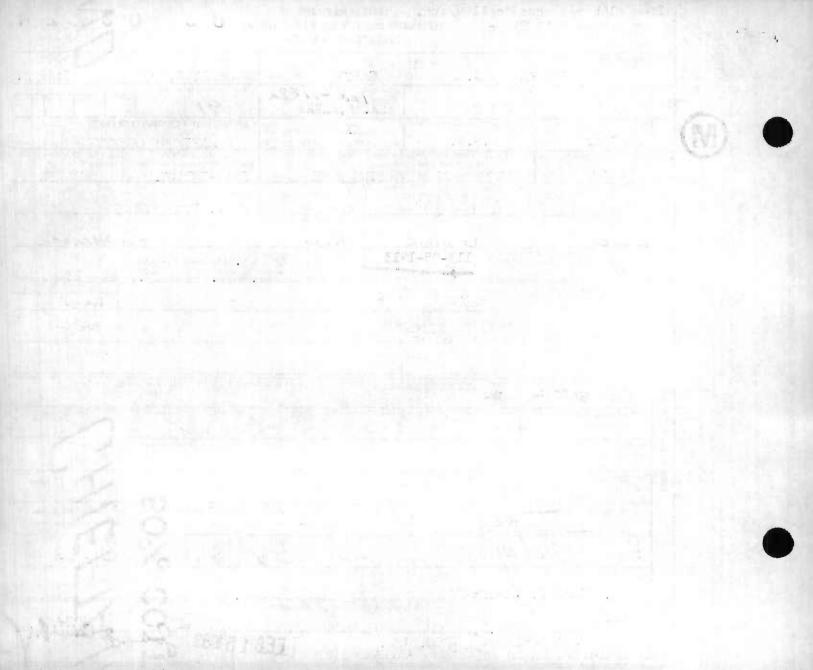
(VRA 15, 4)

ESSITUL NE 23,1983 edin 6 10 altinge couty acte i l ist osrital I i o will be le 171 lieu in La ce 212 m altione loson 1 1 3 9 997 8 1 895 31 22 Stella Concella cumo Septem Belto., 14. 1937 Miller - Laceberry - William definite the the thildene 7 ml ele temson, d. club Jest c., co. 20, 12 at altimore dit; and and Micciell leteral oe, ic. Ito., [17]

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item #16b per phone call w/Fun.



Owings Mills. Md.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

(VRA 15, 4)

North Thest ofcomet for a R maint region .erist .t. TELE AND STREET BY KENDEL STREET, THE THOUSE THE SECTION AND THE WAY Andrea Language and Action of the Control of the Co TERM AND THE PROPERTY OF THE P Market Market Market Market

/	1.	FOR STATE REGISTRAR		DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		8 3 REG. NO		3 2	2 6
nel o		CEASED NAME FIRST		WIOOFE	LAST	2a.	DATE OF DEATH	MONTH DAY	10000	2b. HOUR
8.04			ID C. G	AMBLE					33	9:32P N
of the	3. SE		4. RACE			YEAR	GE (IN YEARS LAST BIRTI	MON	JNOER 1 YEAR	HOURS MIN.
director hours off		Male	White		10 17	19	64	YRS.		
2 ho		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARR	RIED 🔟	ALTIMORE CITY OF			
funeral of the radio of the rad	1	Md.	USA		WIDOWED DIVORC		BALTIMOR			M
H AF H		ITY OR TOWN OF DEATH		CH FACILITY, GIVE STREET			USUAL OCCUPATION OF OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	BUSINESS OF
S SE 3/6		OWSON	16701 1	N CHARLE			Farn	ner	Farn	
	130.	AL RESIDENCE IF NURSING HOME OF STATE 13b. COL	Balto.	Cockeys	sville YES NO	X 1	STREET ADDRESS 0304 Ma1	colm (Apt. C , 2103
	14. F/	ATHER'S NAME FIRST	WIDOLE	LAST	15. MOTHER'S MAI	IDEN NAME	MIODLE		LAST	
1 11/15		Harry	J.	Gambl		ret			Lar	ndgraf
ognd co		WAS DECEASED EVER IN U.S. A	ARMED FORCES?	165. SOCIAL SECU			ADDRES	SS		21161
		(YES, NO OR UNKNOWN) (IF YES, G	un	217-36	-3425 Mrs. C	Cathy V	Varns, 12	14 Wi		
sicion spers. ral.		18. CAUSE OF DEATH (Enter of	only one couse per	r line far (o), (b), one	d (c).)				APPROXIM BETWEEN OF	ATE INTERVAL USET AND DEATH
rtific phy pnpo emov		PART I, DEATH WAS CAUS	SED BY: ATE CAUSE (0)	SEPTIC	SHOCK					
ding or re	-	4860		R ASO CONSEQUE	NCE OF					
attendin move carb intion, or troumatic		Canditians, if any, which	(15	2 TO PE	REUMONIA WIT	H HINDS	TRI VING			
			(D)	- V	VEOMONIA MILI	ח טויטני	TIVE I III G			
the a rema emat		gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	CHDONIC	OBST	RUCITIVE	PULM	DNARY	DISE
by the		gave rise to immediate	DUE TO, O		CHDONIC	OBST	RUCITIVE	PULM	DNARY	DISE
gned by the a gned by the a n please rema burial, cremat		gave rise to immediate cause (a), stating the underlying cause last.	(c)_	PR AS A CONSEQUE	CHDONIC	OBST	RUCITIVE			DISE
quires that the signed by the hen please ret to burial, crem	NOIL	gave rise to immediate cause a , stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(c)	OR AS A CONSEQUE	CHRONIC	THE TERMINAL	DISEASE OR COND	DITION GIVEN	IN PART 110	
gned by the gned by the phose rer burial, crem	ICATION	gave rise to immediate cause (a), stating the underlying cause last.	(c)	OR AS A CONSEQUE	ENCE OF CHRONIC	THE TERMINAL	RUCITIVE	OITION GIVEN	IN PART 110	GS USED
he low requires that the low requires that the low permit. Then please retene prior to burial, cremows any injury, or other	RTIFICATION	gave rise to immediate cause a1 , stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION	(c) 1 CONDITIONS <u>C</u> (OR AS A CONSEQUE	CHRONIC DEATH BUT NOT RELATED TO TO OPERATION WAS PERFORMED	THE TERMINAL D 2 Y	DISEASE OR COND OR AUTOPSY? ES NO	206. IF YES, WIN CERTIFYIN	VERE FINDING	GS USED
he low requires that the low requires that the low permit. Then please retene prior to burial, cremows any injury, or other	CERTIFICATION	gave rise to immediate cause Ia1, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. COND	OR AS A CONSEQUE	CHRONIC DEATH BUT NOT RELATED TO TO OPERATION WAS PERFORMED 1210. HOW INJURY	THE TERMINAL D 2 Y	DISEASE OR COND	206. IF YES, WIN CERTIFYIN	VERE FINDING	GS USED DF DEATH?
he low requires that the low requires that the low permit. Then please retene prior to burial, cremows any injury, or other	6	gave rise to immediate cause a1 , stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION	(c) (CONDITIONS CONDITIONS CONDIT	OR AS A CONSEQUE ONTRIBUTING TO D ONTRIBUTING TO D ONTRIBUTING TO D	OPERATION WAS PERFORMED AY YEAR 19	THE TERMINAL D 2 Y	DISEASE OR COND OR AUTOPSY? ES NO	206. IF YES, WIN CERTIFYIN	VERE FINDING	GS USED DF DEATH?
hTSL(ARY: he low requires that had not a physician. Its certificate has been signed by the burial-transit permit. Then please ret i Mental Hygiene priar to burial, crem ar them 18 shows any injury, or ather	6	gave rise to immediate cause Ia1, stating the underlying couse Iast. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	T CONDITIONS CI	OR AS A CONSEQUE ONTRIBUTING TO E OTTION FOR WHICH OF INJURY .M. MONTH DA .M. OF INJURY	OPERATION WAS PERFORMED AY YEAR 19 216 LOCATION	THE TERMINAL D 2 Y	DISEASE OR COND OR AUTOPSY? ES NO	206. IF YES, W IN CERTIFYIN YES [Y IN ITEM 18 PART	VERE FINDING	GS USED DF DEATH?
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STATE OF MARYLAND

1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO	U.	3 2	21
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3. SE	Male	4. RA	White		5. DATE O	CAY YEAR	6. AGE (IN YEARS LAST BIRT	YRS.	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	RTHPLACE (STATE OR FORE COUNTRY) Pa. TY OR TOWN OF DEATH	1	USA	VHAT COUNTRY?	WIDOWE	D NEVER MARRIED D DIVORCED D	Baltimore CITY O	e Coun	ty	MD.
†	owson	GB	MC 67	01 N. Cha	arles	St, Towson	Purchasin	F WORKING LIFE	INDUSTRY	emical
	AL RESIDENCE (IF NURSING TATE 13)	Balt		13t. CITY OR TOWN	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2511 Down	shire	Court	, 21093
	THER'S NAME FIRST Ohn	MIDDLE		Garve	У	Caroline	WE		Camp	bell
	VAS DECEASED EVER IN (ES, NO OR UNKNOWN) Yes	U.S. ARMED FYES. GIVE WAR WW I	OR DATES)	166. SOCIAL SECU 218-16-			. Garvey,	2511 I	Downsh	ire Ct.
	18 CAUSE OF DEATH BEATH WAS PART I. DEATH WAS IM Conditions, if ony, w	MEDIATE CA	USE (o)	cspiratoi	y la	Timonium ure seconda ent, due to s		ral	12-27	7-82 to
	gave rise to immed couse (a), stating underlying cause	iate the last.	DUE TO, OR	as a conseque	nce of	ischemic hear r tibial graf	t disease. t.history o	infect f diab	ed etes mo	
NOI			DITIONS <u>CO</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM				
CERTIFICATION	19g. DATE OF OPERATIO	2	196. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO		, WERE FINDIN YING CAUSES	
	21g. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE	SE OF GEATH	TIB. TIME OF HOUR A.A P.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED		10 PLACE C	OF INJURY ET, FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATION STREET	CITY OF TO	WN	COUNTY	STATE

22e ADDRESS

Dulaney Valley Ceme

02 - 27

and that in (my) (our) opinion death accurred on the date and haur and from the causes stated

MEDICAL STAFF DIRECTOR PHYSICIAN

19.83

220.1 certify that (1) (this haspital) attended the deceased from sow the deceased olive an 2-27 19 sow the deceased olive an 2-27 abave, (I) (we) (did) (did nat) view the body after death. 226. SIGNATURE

224. PHYSICIAN'S NAME (TYPE OR PRINT)

Rosalyn B. Miles

MD

DEGREE

12-27

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

6701 N. Charles st, Towson MD 21204

22c. DATE SIGNED

BP.

DHMH - 16 50M 4/B2 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial 24. FUNERAL DIRECTOR

E. Lowell Lemmon, 10 W. Padonia Rd.

3/1/83

ATTENDING PHYSICIAN

FEB 2 8 1983

Timonium Balto. Md.

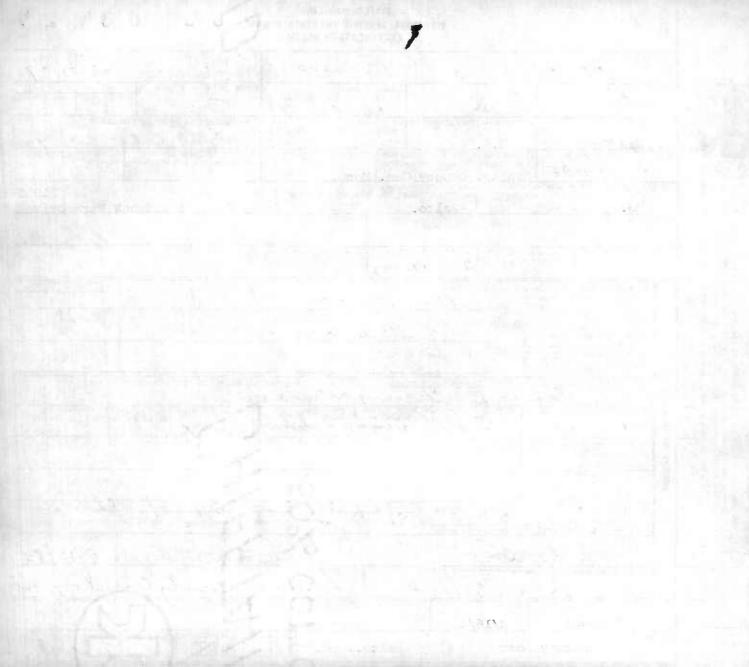
Lepland William Perchasing Mar . 151 40 261) = Vieting Court, 21000 nother of the Sin-16-1765 de ciu A. Ade es, à '1 evrantine de la company unitable programme to the content of the first term of the content of . 1 .cl. nurr r en els veneres En 173 de seis well ber goe, 10 W. Fedenia reise Elle 3 8 8 8 8 8 8

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME FIRST LAST 2g DATE OF DEATH DAY 2b. HOUR (TYPE OR PRINT) ARU G. 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH MALE 902 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED ARYLAND BALTIMORE TAUD 18. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DWSON TOWSON SSIF SMP ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 3a STATE 136 COUNTY . CITY OR TOWN 13d INSIDE CITY LIMITS 2 13e. STREET ADDRESS ARKVILLE BAJ NO V 104 HARFORD 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIR51 MIDDLE AND HIND ERSO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Pages medic (IF YES, GIVE WAR OR DATES) RECORDS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (a)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION prior 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 766 IF YES, WERE FINDINGS USED The AUTOPSYT IN CERTIFYING CAUSES OF DEATH? per NO VES F NO T Mental Hygi Ma: ACCIDENT WAS UNDERLYING TO 715 TIME OF INJURY THE HOW INJURY OCCURRED. (ENTER NATURE OF PAULES IN CEM TR. FART IT OR PART 2) 00 HOUR A.M. MONTH DAY YEAR ON CONTRIBUTING CAUSE OF DEATH Hem MEDICAL OF BUTHER NATION WEDING ALPRAMINERS THE INJURY OCCURRED 21st PLACE OF INJURY ö TH LOCATION AT HOME, STREET, EACTORS, DESCR. FARM, ETC.) EITY OF TOWN COUNTY ed AT WORK ! 77a4 certify that II the hospital attended the deceased from_ and that in Imy (our) opinion death accurred on the date and hour and from the sauses stated THE DATE SIGNED FUNERAL uld be deta h the State MPORTANT. PHYSICIAN DIRECTOR PHYSICIAN THE OF PRINT 77e ADDRESS shoul 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN URIAL 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 VANS FUNERAL CHAPIL 8800 HARFORD ROAD (VRA 15, 4)

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	1-	FOR STATE REGISTRAR		DEPA	MENT OF H	EALTH AND MENTAL H ICATE OF DEATH	IYGIENE O O REG. NO.	0 ,) do	6 7
eath eath	I. DE	CEASED NAME FIRST DELO	REA	MIDDLE	Ġ	EMPP		ONTH DAY	VEAR / 2b. H	OUR 35PM
ector, page rs offer deat	3. SE:		4. RACE	W	5. DATE O		6. AGE (IN YEARS LAST BIRTHI	YRS.	-	NDER 24 HRS
1 69		RTHPLACE (STATE OR FOREIGN COUNTRY) New York	76. CITIZEN OF	WHAT COUNTR	RY? 8. MARRIE WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OR BALTI	MORE		77 MD.
25	10. CI	BALT I MONE	/ IE NOT IN SIL	CH FACILITY, GIVE STR	REET ADDRESS)	HOSD.	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V		b. KIND OF BUS DUSTRY	SINESS OR
filled in hould be	13a. S	AL RESIDENCE (IF NURSING HOM TATE 13b. CO	UNTY 40,	130. CITY OR TO	NWC	13d. INSIDE CITY LIMITS:	6986 Mil	l Brook		21215 rive
30,30	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME		LAST	
Pages 1		VAS DECEASED EVER IN U.S. (IF YES	ARMED FORCES? GIVE WAR OR DATES)	214-0		17. INFORMANT	ADDRES	5		
avol.		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAI		er line for (b), (b),	and ici.	lma			APPROXIMATE II BETWEEN ONSET	NTERVAL AND DEATH
e carbon an, or ren umatic ev		2089 Conditions, if ony, which	DUE TO, C	OR AS A CONSEC	QUENCE OF	leuken	ia.			
ase remarily crematical		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, C	OR AS A CONSEC	DUENCE OF					
n signed Then pler ta buria injury, or	NO	PART 2. OTHER SIGNIFICAN		contributing t	O DEATH BUT	a. Fr	ERMINAL DISEASE OR CONDI	TION GIVEN IN	PART 110	
hos been to permit. I sene prior ows any ii	CERTIFICATION	1/19/83	19b. CONE	Sictle	OH OPERATION	WAS PERFORMED IN Signal		20b. IF YES, WER IN CERTIFYING YES [CAUSES OF D	
s certificate hos burial-transit pe Mental Hygiene ar Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY I.M. MONTH	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OF	R PART 2)	
s the bur h and Me rked ar h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE (AT HOME, S	OF INJURY TREET, FACTORY, OFFI	CE, FARM, ETC)	211. LOCATION STREET	CITY OR TOW	ч сс	OUNTY	STATE
CTOR: Affar use a af Health		220. certify that of (this has saw the deceased alive above, (I) (m) (did) (on 2/	13/ 19	63.5	no that in (A) (our) opini	ion death accurred on the date	3		(we) lost es stoted
AL DIRECTOR DETAILS OF THE MEMORY OF T		226. SIGNATURE	3rrom	Le		DEGREE MATTENDING PHYSICIAN	MEDICAL STAFF		2/13	/83
FUNER old be or the St		22d. PHYSICIAN'S NAME (IT		SINH	A -	Palter	nore count	y Gene	ral Hos	per tal
		SURIAL, CREMATION, REMOVING SPECIFY) Removal	AL 23b. DATE		3c. NAME OF C	EMETERY OR CREMATOR	23d. LOCATION Z	coun	NIY	STATE
- 16 50M 4/B2	24 F	UNERAL DIRECTOR	y Board	ADDRES	5 Pal+	o., Md. 250.1	DATE REC'D. BY REGISTRAR 25	REGISTRAR'S	SIGNATURE	. 1
(VRA 15, 4)		Andton	y Doard		Dart	J., Mu.	EB 1 8 1983	Marian	in come	

(VRA 15, 4)



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completely filled in by the funeral director, ps. 1 and 2 should be filed within 72 hours ofter

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injury, or other troumotic event, the

should be detached far use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending

IMPORTANT: If them 21 is marked or them 18 shows any

burial-transit permit. Then please

PHYSICIAN:

TO HOSPITAL OR ATTENDING

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	STATE REGISTRAR			201 71111	CERTIF	ICATE OF DEATH	REG. NO.	A LEG	
	CEASED NAME	FIRST	٨	MIDDLE	l	AST	20. DATE OF DEATH MON	TH DAY YE	AR 25 HOUR
1	· On Allerin	SEBAS	STIAN			GIANNINO	FEBRUARY	22. 19	983 9. P. M
3. SE	Š.	4	. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1	YEAR IF UNDER 24 HRS
_	MALE	Oct.	WHITE		JAN	UARY 1, 1899	84	YRS.	DAYS HOURS MIN.
	IRTHPLACE (STATE OR FI	OREIGN 7		WHAT COUNTRY?	8. MARRIE	D X NEVER MARRIED	9. BALTIMORE CITY OR CO		Н
SI	CILY		U.S.	.A.	WIDOWE		BALTIMORE CO	UNTY	MD
W	OODLAWN		6810	RICHARDS	ON RO	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO RETIRED CARET	RKING LIFE) INDUS	
13g. :	AL RESIDENCE (# NURSI STATE ARYLAND	136 COUNT BALTI	Υ	GIVE RESIDENCE BEFORE 134, CITY OR TOWN WOODLAW	N	13d. INSIDE CITY LIMITS?	134. STREET ADDRESS 6810 RICHAR	DSON ROA	AD 21207
14. FA	SALVATORI	E	IDDLE	GIANNIN	0	15. MOTHER'S MAIDEN NA ANNA	MIDDLE	DI MA	ARE .
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO		NED FORCES?	218-10-5		Mr. Samuel	J. Giannino	Same a	as # 13
MEDICAL CERTIFICATION	Conditions, if only, gove rise to imm couse (o), stating underlying cause PART 2 OTHER SIGN 19a DATE O OPERAT 21a, ACCIDENT WAS UND OR CONTRIBUTING CIFETIMER NOTIFY MEDIC 21d, INJURY OCCURR WHILE NOT WHILE AT WORK AT WORK 22a I certify that (b) sow the deceose obove, (1) (we) I	ediote of the lost. IFICANT IFICANT	DUE TO, OF (c) 19b. CONDI 19b. CONDI 21b. TIME OI HOUR A./ P./ 21e. PLACE C (AT HOME, STRI	TION FOR WHICH	OPERATION Y YEAR 19	N WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET		DN GIVEN IN PAR I. IF YES, WERE FII CERTIFYING CAL YES TEM 18 PART I OR PAR COUNT	NDINGS USED USES OF DEATH? NO Y STATE , that (I) (we) lost
	226. SIGNATURE	u	De	uf)	he	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	_ /	PATE SIGNED

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL 2/26/83

236. DATE

FOR

231. NAME OF CEMETERY OR CREMATORY CATHEDRAL CEMETER

23d LOCATION
CITY OR TOWN

BALTIMORE

COUNTY

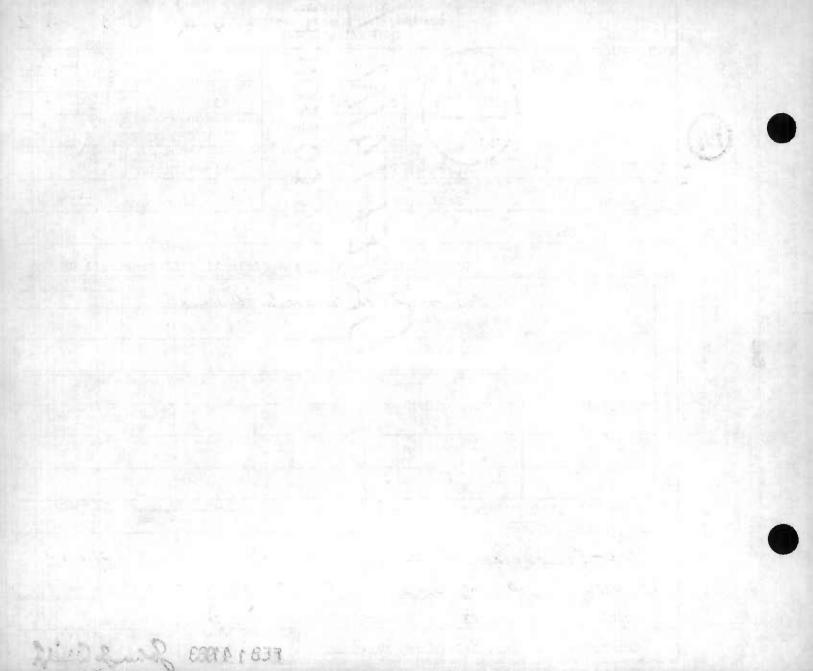
STATE MD.

24 FUNERAL DIRECTOY M. & RUSSELL C. WIJZKE 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228

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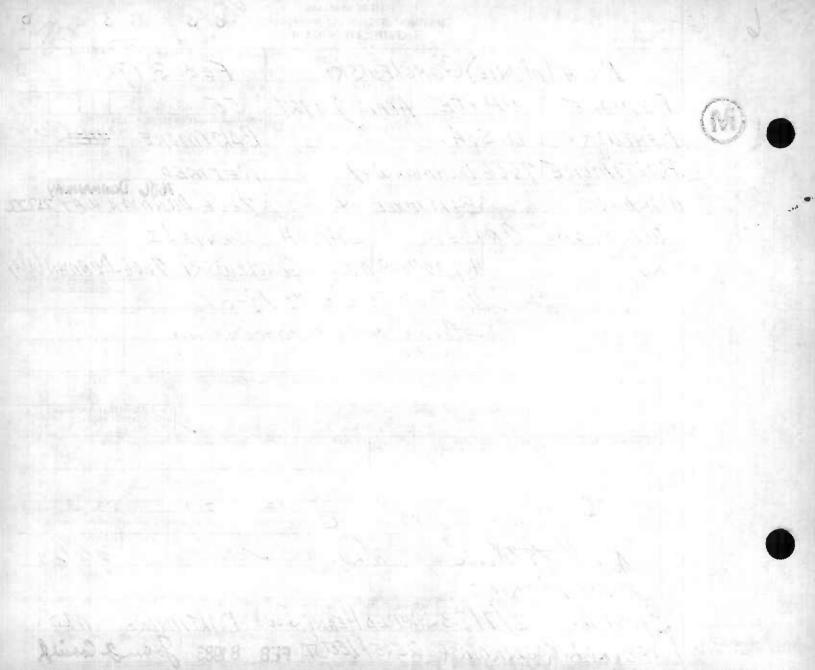
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E SEPTEMBER	3. SE	x	4.1	RACE		5. DATE O	FBIRTH	6. AGE	(IN YEARS LAST BIR		FUNDER I YE.
		Female	13.11	Whit	te	Jan.	2, 1899	84	ŀ	YRS.	JAINS DAI
(AA)		RTHPLACE (STATE OFFICE	DREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BAL	TIMORE CITY O	R COUNTY	OF DEATH
CEAR		aryland		U.S.	Α.	WIDOWE	7.5	□ Ba	altimor	e Cou	nty,
Doubled with	10 C	ITY OR TOWN OF DEAT	īН 11.	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET / Hall Nur	DDRESS)	ROTHER INSTITUTION Home	{TYPE (SUAL OCCUPATI DE WORK FOR MOST O MS tres	F WORKING LIFE	12b. KINE INDUSTR Sew
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ond 2 sh	14.67	Frank	MID	DLE	Ball		15. MOTHER'S MAIDEN	NAME	WIDDLE		
Poges 1	160.	VAS DECEASED EVER II YES NO OR UNKNOWN) NO	N U.S. ARME		166 SOCIAL SECU		17 INFORMANT		ADDRE		
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g physicion errificate h iol-tronsit intal Hygier em 18 shor		210. ACCIDENT WAS UNDE	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OC				
ter this on the burner of the	MEDICAL	21d. INJURY OCCURRE	ED	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC]	211. LOCATION STREET		CITY OR TO)WN	COUNTY
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the hosp AL DIRECT eroched for te Dept. or I: If hem 2		obove, (I) (welldi 22b. SIGNATURE)	d) (did not) v	riew the body	Street death.	C	DEGREE ATTENDIN PHYSICIA	NG MED	DICAL STAI	FF CIAN []	22c. DA
trained by the Control of the Contro		22d. PHYSICIAN'S NA	ME ITYPE OR PR	Ros	Ur	10	22e ADDRESS	1		Bac	no
+ 055 <											

MIDDLE

FOR

- STATE

(TYPE OR PRINT)

BP.

DHMH - 16 50M 4/B2

(VRA 15, 4)

REGISTRAR

I. DECEASED NAME

12b. KIND OF BUSINESS OR INDUSTRY Sewing Drive 21204 LAST ilden Dr. 21204 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH K1 GIVEN IN PART 110 F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? NO [YES T M 1B PART 1 OR PART 2) COUNTY STATE ______, 19______, that (I) (we) lost hour and from the causes stated 22c. DATE SIGNED 72 MD 2122 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Feb. 8,-83 Moreland Mem. Park Baltimore Co., MD 250. DATE REC'D. BY REGISTRAR 256. 24 FUNERAL DIRECTOR William E. Johnson 8521 Loch Raven Blvd

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

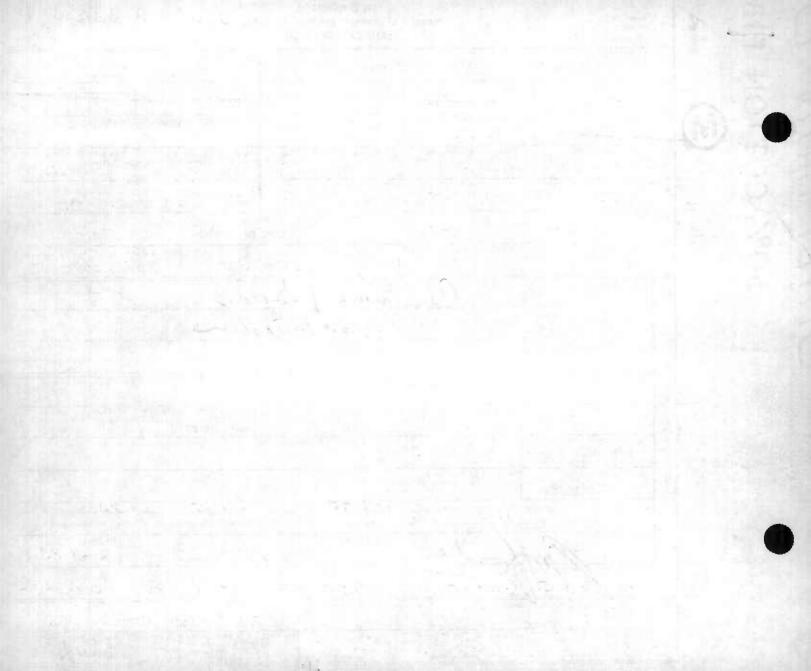
REG. NO. 20. DATE OF DEATH MONTH

DAY

1983 IF UNDER I YEAR 2b. HOUR

IF UNDER 24 HRS

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1,	FOR - STATE	DEPART		OF MARYLAN EALTH AND MI		IENE 8 3 - 0	3 2 4
1. D	REGISTRAR DECEASED NAME FIRST	WIDOLE		AST OF DE	ATH	REG. NO.	AY YEAR 26 HOUR
(11)	NELSON	OTT GO	RE		•	FEBRUARY 15, 198	3:45
3 S	MALE	4. RACE WHITE	S DATE C		1900	83	FUNDER YEAR IF UNDER 24
io	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8	NEVER MA		9 BALTIMORE CITY OR COUNTY O	OF DEATH
35	MARYLAND	U.S.A.	WIDOWE	D DIVO	DRCED	BALTIMORE COUNTY	7
23	FORT HOWARD	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE V.A.M.C., FORT	HOWAR			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Executive	INDUSTRY Fruit Distr
35 170	MARYLAND (3) COU	IR OTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13t. CITY OR TO BALTIMO	WN	12.0	40 🗆	13e STREET ADDRESS 100 W. COLDSPRIM	G LANE 212
20 14.1	FATHER'S NAME FIRST Jesse	P. Gore		15. MOTHER'S A	RST	MIDDLE	hrhart
2 160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) YES WW	IVE WAR OR DATES)		Mrs.		Gore, Sa	ame
	PART I. DEATH WAS CAUS	nly one couse per line for lo), (b), of ED BY. TE CAUSE (o) DUE TO, OR AS A CONSEQU	EUMONI	A (LEFT)		APPROXIMATE INTERVAL BETWEEN ONSET AND DE. 2 WEEKS
	gove rise to immediate couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEQU	41153				
N N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 10
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	WAS PERFORA	MED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO Y	WERE FINDINGS USED ING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJU	JRY OCCURR	PED (ENTER NATURE OF INJURY IN ITEM 18 PAR	ET I OR PART 2)
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	20 M THE GELEOZEG OHAE O	FEBRUARY 15 ed from	MAY 25	d that in (mg) (a	19 <mark>82</mark>	to FEBRUARY 15 10 death occurred on the date and hour	983 , that w (we)
	226 SIGNATURE	po-KSh H	(DEGREE	TENDING IYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 🗷	2/15/83
1	PO HSLU HUNG,			V.A.M.	C., FO	ORT HOWARD, MARYLA	AND 21052
230	BURIAL, CREMATION, REMOVA (SPECIFY) ntombment	The state of the s	NAME OF C	METERY OR CR		23d LOCATION CITY OF TOWN Balto.,	COUNTY
24	FUNERAL DIRECTOR Henr	y W. Jenkins.sad Balte., MC	& Sen	s Co.	25 FE E		AR'S SIGNATURE

A SHOKAY 15, 19, 1 3:05 A .A.U.C EARLO. Trust strain V.M.H.C., Forth BORAZO, MARTINE SECURITY Fruit City. MAGNASIO - BALKSHOME X - 100 W. OCIDERLICI LAND 21 10 deilli sao

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	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF	HEALTH AN	D MENTAL HYG		5 EG. NO.	0 3 2	2 4 1
1		EASED NAME	FIRST		MIDDLE		LAST	· · · · · · · · · · · · · · · · · · ·	20. DATE OF DE	ATH 24044 8	3DAY YEAR	262+0444pm
d	[TFPE	OR PRINT)	CARROI	LL	D	GRAHA	M		Tenne	49	4 1983	2.44m
	3. SE X		4	. RACE			OF BIRTH		6. AGE (IN YEARS	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS.
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	79. BH	THPLACE (STATE	OR FOREIGN 1	CITIZEN OF	WHAT COUN	TRY2 8		R MARRIED -	9. BALTIMORE			
1		alto. C	o. Md	USA		WIDOV		DIVORCED	BALTI	MORE CO	UNTY	MD
7		TY OR TOWN OF E		1. NAME OF	HOSPITAL, NI	URSING HOME	OR OTHER IN	NSTITUTION	12a USUAL OCC		12b. KIND C	OF BUSINESS OR
		TOWSON	8			HOSPITA	L		Foreman	1 - C.		crete
	USUA 13a. S	L RESIDENCE IF N	URSING HOME ON O		GIVE RESIDENCE			CITY LIMITS?	Miller 13. STREET ADD	DECC		21157
7	100	Md.	Carr		1	ninste		NO []		Noodla	nd Dr.	Z113/
i		THER'S NAME						R'S MAIDEN NAM	AE		54	
U		Carro		D .	Graha			Althea		DDLE	Lentz	ST.
ŭ		AS DECEASED EV				SECURITY NO	. 17. INFOR			ADDRESS	Denoz	
-	(A	ES. NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	220-	50-917	Mrs	. Linda	C Gre	ham W.	ostmins	ton Md
1			ATH (Enter gally	D00 CD D4				L EDEMA	<u> </u>	anam w		MATE INTERVAL ONSET AND DEATH
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4	CERTIFICATION	19a DATE OF OPE	RATION	196 CONE	ITION FOR W	HICH OPERAT	ON WAS PER	FORMED	200 AUTOPSY		ES, WERE FINDI	
	IFIC	1/5/8	13	(2 R. 61	2l	Tur	noR	YES TO NO		TIFYING CAUSES	OF DEATH?
)	ERI	210. ACCIDENT WAS	UNDERLYING	21b. TIME C		-74 TT		INJURY OCCURR			8 PART I OR PART 2)	
		OR CONTRIBUTING			.M. MONTH	DAY YEA						
	MEDICAL	21d. INJURY OCC		21e. PLACE	OF INJURY		211 LOCA					
	ME	WHILE NOT	WHILE WORK	(AT HOME, ST	REET, FACTORY, O	FFICE, FARM, ETC)	STR	REET	CiT	Y OR TOWN	COUNTY	STATE
		22a.1 certify that		th attended &	he deceased f	rom / /	28	10 8 3	to	2/4	10 8 3	that (I) tweTlast
	154	sow the dece	eased alive on	2/	4	121	and that in (n	ny) (****) opinion (death accurred on	the date and h	our and from the	- 1 1
		22b SIGNATURE	e) (did) (ded not)	new the body	ofter death		DEGREE				22¢ DATE	SIGNED
		Dea	- 5	0 7	160	- 1	N	ATTENDING	MEDICAL DIRECTOR F	STAFF	12/	11/02
-	-	22d. PHYSICIAN'S	NAME (TYPE OR	PRINT)	.,	1	22e ADDF		DIRECTOR	PHYSICIAN [1/80
		CEOPC	E TADOC	O M I				7620 V	ORK ROAD	TOUSON	MD 2120	4
-	730 B	URIAL, CREMATIC	E LAROCO	123b. DATE		73r NAME OF	CEMETERY	R CREMATORY	1234 LOCATIO	N		
	(1	SPECIFY)	ALMOVAL		7 108			Memori	Finl	Shura	Carrol	STATE M. J.
	D	иттат		700.	1,170.	TA GI	Preen	HEMOLT	alt	- NOUT B	Cartol	1 Md.

DHMH - 16 50M 4/82

BP.

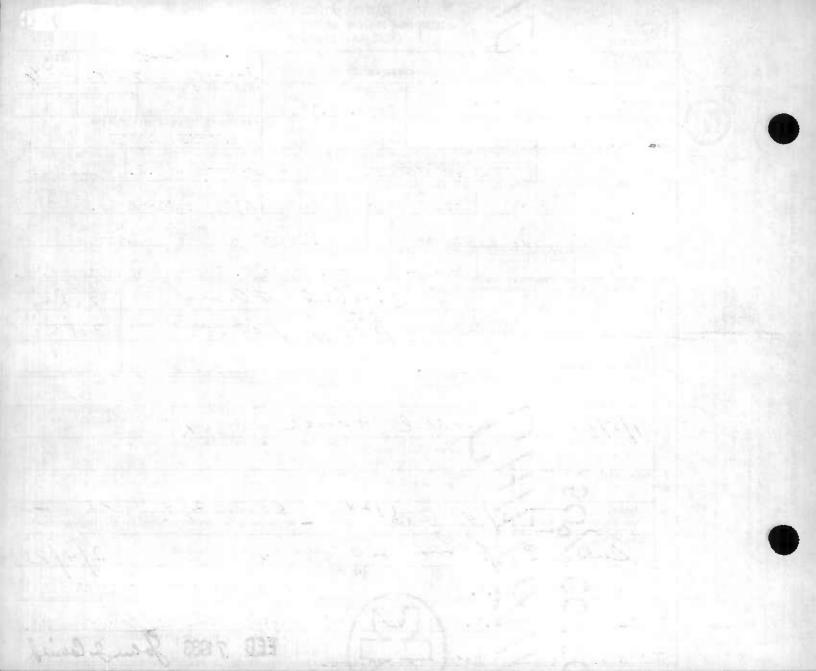
(VRA 15, 4)

24 FUNERAL DIRECTOR

ADDRESS

EEB

Carroll



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	STON ST., BALTIMORE, MARYLAND 21201
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 m stained by the haspital or attending physician.	ooth certificate be executed within 24 hours after death. Page 4 m
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicium accompaniely filled in by the funeral director, pshould be detached for use as the burial-transit permit. Then please remove carbon paper to age that should be filed within 72 hours after with the State Deat of Health and Mental Hygiene prior to burial, cremation, or removal.	tending physicium of commonly filled in by the funeral director, F e carbanpapers of commonly should be filed within 72 hours affect nn, or removal.
MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the marked even these host be notified at once.	umotic event, the man content to must be notified at once.

Burial

1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND LEALTH AND MENTAL H	YGIENE	8 3	0	3 2	4 2
	CEASED NAME	lang	,	IIDDLE	0	AST	20. D	REG. NO	0. MONTH DA	1 83	2b. HOUR CO
3. SE	male			casián	5. DATE C	DAY YEAR	3	E (IN YEARS LAST BIR	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Ma	IRTHPLACE (STATE OR FO COUNTRY) ITY OR TOWN OF DEA	granter 1	I. NAME OF H		WIDOWE	DE NEVER MARRIED ! DI DIVORCED [DR OTHER INSTITUTION	∃ Ball	timore city of timore (USUAL OCCUPATI	County	12b. KIND OF	MD.
USU. 13a. S	2 and a 19	136 COUNT	Y	134	E ADMISSION)	13d. INSIDE CITY LIMITS	4050	of work for most of <i>Retired</i> TREET ADDRESS	F WORKING LIFE)	Coast	Guard
14. F.A	aryland ATHER'S NAME FIRST	Balta	DDLE	Woodlaw	n	YES NOTHER'S MAIDEN I		011 Dogwo	ood Rd.	LAST	207
160 V	Claude Was deceased ever I yes, no or unknown)			<u>raves Sr</u> 166. social secu 215-18-		Marie 17. INFORMANT Mrs. Cather		more, ADDRE	MD	Eiser 21207 awood	
Z	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which ediote the lost.	BY: CAUSE (0) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUI	act a	Hie Squancian den	RMINALD	f Lan	ell ynx		NATE INTERVAL NSET AND DEATH
CERTIFICATION	19a. DATE OF OPERAT	ION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a	AUTOPSY?		WERE FINDING ING CAUSES C	
MEDICAL CER	210. ACCIDENT WAS UNDI OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDIC 210. IN JURY OCCURR WHILE NOT WHI AT WORK AT WOR	AUSE OF DEATH AL EXAMINER) ED	P.A 21e. PLACE C (AT HOME, STRE	A. MONTH DA A. DE INJURY ET, FACTORY, OFFICE, F	19	21t. HOW INJURY OCC		CITY OR TO	wn	COUNTY	STATE
	220.1 certify that (I) sow the decease about III and 22b. SIGNATURE	d olive on _	offended the	19_	- 1	nd that in (my) (our) apinion DEGREE TTENDING HYSICIAN 1220 ADDRESS			00,000		
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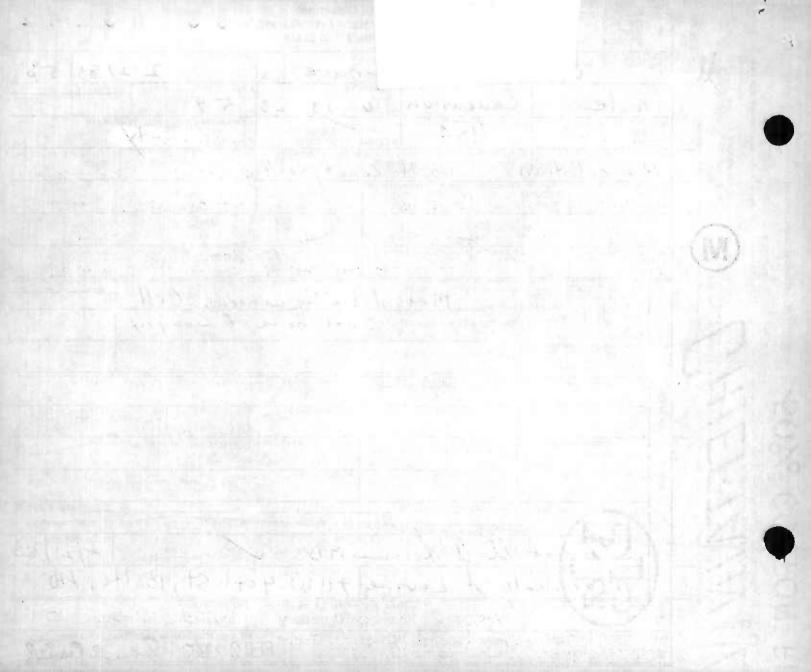
DHMH - 16 50M 4/82

BP.

(VRA 15, 4)

2/25/83 | woodlawn cemetery

8728 Liberty Rd. Randallstown, Md, 21133 FEB 2 2 1983



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1	_ 1					E, OR OTH	EK INSTITU	TION	FOR MC	OST OF WORKIN		OR INDUSTRY			Y INESS
JSUAL RE	SIDENCE (IF IN N	URSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE	BEFORE ADMISS	ION)				_					
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4. FATHE	R'S NAME		WIDDLE	Gree	LAST		15. MOTH	ER'S MAIDE	NAME	MIDD	DLE M				
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Yes	D, OR UNKNOWN)	WW I	TOR DATES)	212	-14-0	0850A	Dor	othy	E.	Green	-Cat	ONSV	· 177	P.	MD
18.	CAUSE OF DEA	TH (Enter anly	one cause per lin	e far (a) (b), and (c).)	1	1	/>				MALE !	APPRO	XIMATE II	MIERVAL
	PART I DEATH V	WAS CAUSED	BY:			Cen	lu	ard	up V	2146	er Bi	reare	BELWEEL	4 OINSEL A	IND DEATH
	429	2		RASACON	SEQUENCE	OF									THE STATE OF
1			(b)												E G
3	cause (a) statin	g the under-	DUE TO, O	R AS A CON	ISEQUENCE	OF			19-5-					14	
			(c)												
	T 2 OTNER SIGNIFICAL	NT CONDITIONS <u>Co</u>	ONTRIBUTING TO DEAT	N BUT NOT RELA	TEO TO THE TERM	MINAL DISEASE	OR CONDITIO	N GIVEN IN PAR	RT 1 (a)			WE			
¥ 190	DATE OF OPER	ATION	19b. COND	ITION FOR	WHICH OPE	RATION W.	AS PERFOR	MED?					20 AUT	OPSY?	
Ĭ.													YES		NO 🗆
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CAL	NTRIBUTING [CAUSE OF DI	E OF DEATH P.M. 19												
21d W	HIE NO		STREET, FA							CITY OR TOWN		COUN	ITY		STATE
AT	WORK ATV														
	22a. I certify that	I took charge	of the remains d	scribed abo	ve, held an	Autops	у 🔲.	Inspection	d.	Inquiry [g, and	in my apin	nian		
d	eath resulted fram	m: Naturo	al causes	- Accident		vicide .	, Homic	cide .	Undeter	mined mann	er .				
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3a BURIA	L CREMATION	REMOVAL 23	b. DATE			METERY O	RCREMATO		23d. LOC	ATION		COUNT	Y	STAT	ı f
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MEAN I FAND BEAT IS NECESSARY, PLASE CEE 1, 2 AND 31 OTHE FUNERAL DIRECTOR. M. PM. 3. RETAIN PAGE 5 FOR YOUR FILES. AND 2 SHOULD BE FILED, WITHING TOURS OF WITHING TO THE CORDS, 201 W. PRESENTING TO THE CORDS, 201 W. PRE	(TYPE OR PRINT)	0 0 0 0	C C	1 (OF ESTI-	3/	ast.
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53	FATHER'S NAME	ALTITORC	MARKVILLE		1 8314 010)	YARFORD ROA	0
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Plane The secretary of the

FOR

1. DECEASED NAME

REGISTRAR

- STATE

DHMH - 16 50M 4/B2

(VRA 15, 4)

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Baltimore, Maryland Burial Baltimore, Maryland 3/3/83 Oak Lawn 250. DATE REC'D. BY REGISTRAR ASY REGISTRARY SIGNATUR 24 FUNERAL DIRECTOR Baltimore, Md. Leonard J. Ruck, Inc.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG NO.

26. HOUR

126. KIND OF BUSINESS OR

21213

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 1 YEAR

INDUSTRY

Breemer

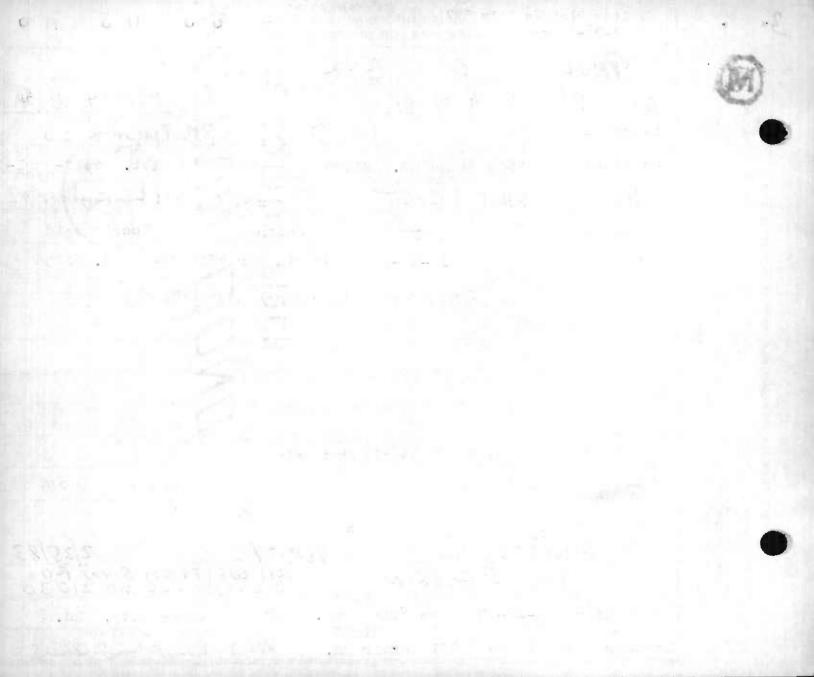
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IF UNDER 24 HRS

2n DATE OF DEATH MONTH

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3.		1-	FOR Item 21a&22a STATE 3-28-83 cn	Film 500 MEDIO	STATE STATE PARTMENT OF HI	OF MARYLAI EALTH AND M R'S CERTIFI	ENTAL HYGIE	ATL	0 3	2 4	6
4		T. DE	CEASED NAME FIRST PAUL	Õ	(G	1/R		20. DATE KNOW! OF ESTI- DEATH MATED	N MONTH	DAY YEAR	2b. HOUR
	ON STRE	3. SE)	NW	DATE OF BIRTH	YEAR OI S/ YRS.	IF UNDER 1 YR.	IF UNDER 24 HRS HOURS MIN.	PRONOUNCED DEAD	EBZ	4 83	SP M
•	IS NECESSAF E FUNERALL E 5 FOR YO ED, WITHIN T W. PRESTON	W.	REIGN COUNTRY)	USA		WIDOWED	VER MARRIED DIVORCED	BALTIMORE CI	MUR	2 Co	MD.
	URS AFTER DEATH. IF ANY DELAY IS NEW WITH FORM PM. 3. RETAIN PAGE 5 F. T. PAGES 1 AND 2 SHOULD BE FILED, WITH FORM PM. 2 SHOULD BE FILED, WITH SION OF WITH FECORDS, ON W.	Ro	ssville	4609 Rid	0	21236	Bev	MOST OF WORKING THE DESCRIPTION	ist.	Seli-er	np1-
21201	RETAIN OF SHOULD RECORD	13a. S	L RESIDENCE (IF IN NURSING HOME OR C TATE) D 13b. COUNTY	BALT	ESIDENCE REFORE ADMISSION 30. CITY OR TOWN	13d. INSIDE (REEL ADDRESS	06E 19	20 212	36
ORE MO	DEATH. GES 1, 2 AND 2 AND 2 OCUTA		Ernest	MIDDLE	Gyr		er's maiden nam First Johanna	MIDDLE		ngseld	
RALTIMOR	S AFTER GIVE PA TITH FOR PAGES I	16a. V	(IF YES, GIVE WA		66 SOCIAL SECURITY N 14-22-708			4615 Ric			
201 W. PRESTON ST.	WITHIN 24 HO ENCIL IN ITEM I MINER ALONG TRANSIT PERMI NTAL HYGIENE, OR REMOVAL.		18. CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED B IMMEDIATE Conditions, if any, which gave rise to immediate cause (a) stoting the <u>underlying</u> cause lost.	Y: CAUSE (a) 5 H DUE TO, OR AS	A CONSEQUENCE OF	V.V. V.	IND C	FHE	Ah	APPROXIMATE BETWEEN ONSET	INTERVĂL AND DEATH
OF VITAL BECORDS: 2	JID BE EXECUTIVE PROBINGS IN PROBICAL ES ED AS A BURING HEALTH AND ALL, CREMATION	NOI	PART 2 DYNER SIGNIFICANT CONDITIONS COM								
VITALE	TE SHOULD WORD "PE WORD "PE CHIEF NO BE USED NO BURIAL, OF HEAD	CERTIFICATION	19a. DATE OF OPERATION		N FOR WHICH OPERAT					20 AUTOPSY?	NO []
	THE ATTENT OF THE WARTMEN	MEDICAL CE	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		24,983	Shot s		R NATURE OF INJURY IN ITE	.M 18 PART 1 OR PAR	Л 2)	
MOISIVIO	THIS CER WRITIN WARDED WAGE 3 S TATE DEF	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	STREET, FACTORY Home	NJURY (AT HOME.	211 LOCATION STREET		Baltin	nore cou	^{INTY} 21236	STATE
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE. WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNERAL DISECTORE; PAGES 3-8JOULD BE USED AFFER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, "IN THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL," IN THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, "IN THE STATE DEPARTMENT OF HE BALTIMORE," MARYLAND, 21201 PRIOR TO BURIAL, "IN THE STATE DEPARTMENT OF HE BALTIMORE," MARYLAND, 21201 PRIOR TO BURIAL, "IN THE STATE DEPARTMENT OF HE BALTIMORE," MARYLAND, 21201 PRIOR TO BURIAL, "IN THE STATE DEPARTMENT," IN THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, "IN THE STATE DEPARTMENT," IN THE STATE DEPARTMENT."		220 I certify that I took charge of death resulted from Natural ACTUAL SIGNATURE PAUL	meren		M.D. DE	BPECIFY / ME	Inquiry A. etermined manner [ond in my op. DATE SIGNEI R	2/251	183
	TO PAGE AFTER BALT	23o.B	ITYPE OR PRINT)		23c. NAME OF CEME Westvie	TERY OR CREMATO	ORY 123d, 1	CYSVILL OCATION YORTOWN ELTIMORE		-10	ATE
	DHMH-17 (VR A15 ME (5))	24. F	uneral director NAME LSSahn Funeral	Home 74	2	236		Y REGISTRAR 25b.			A



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH 7h. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Joyce Hale 83 19 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. SEX IF UNDER 24 HRS 2d HOUR DATE 9:15 EAST BIRTHDAY) PRONOUNCED 7 ema e Black 20 48 34 19 83 DEAD Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 76 BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore Git WIDOWED X DIVORCED Balto.. IN CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS Balto., 1802 Snow Meadow Lane. unemp. 301 Apt. USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS Md. Balto .. NO 101802 Snow Meadow La DIVISION OPVITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Preston Doris Boyd 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. Doris Boyd 3010 Raynor Ave. 21223 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound of Head (Unspecified) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NT OF HE BURIAL, YES X E 3 SHOULD BE L TIME OF INJURY (OST 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 9 UNDERLYING DOR PRIOR 19 1983 CONTRIBUTING CAUSE OF DEATH subject was shot 2-le PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) AT WORK AT WORK TO MEL.

PAGE 4 SHOULD BE FORW.

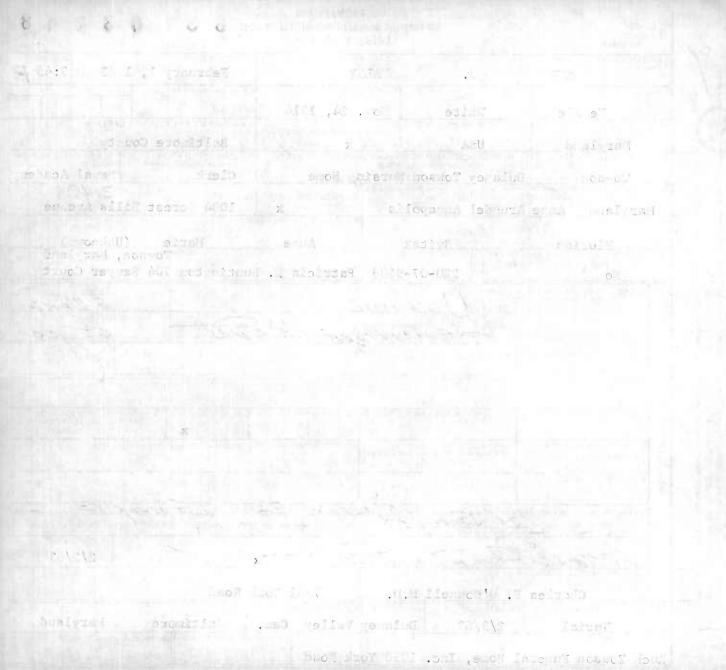
PAGE 4 SHOULD BE FORW.

TO FUNERAL DIRECTOR: PAGE

AFTER DEATH, WITH THE STATE

PALTIMORE, MARYLAND, 212 Home 1802 Snow Meadow Lane, Apt. 301, Balto. Md. X 22a I certify that I took charge of the remains described above, held an Inspection and in my apinian Hamicide XX Suicide Undetermined manner Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER 2-25-83 EXAMINER'S NAME Dennis F. Smyth. M.D. Penn Street (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial COUNTY STATE 3/3/83 Martin Luther King Cem Balto. BP. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR THE REGISTRAR'S SIGNATURE **DHMH - 17** Leroy O. Dyett 4600 Liberty Hts. Ave. (VR A15 ME (5)

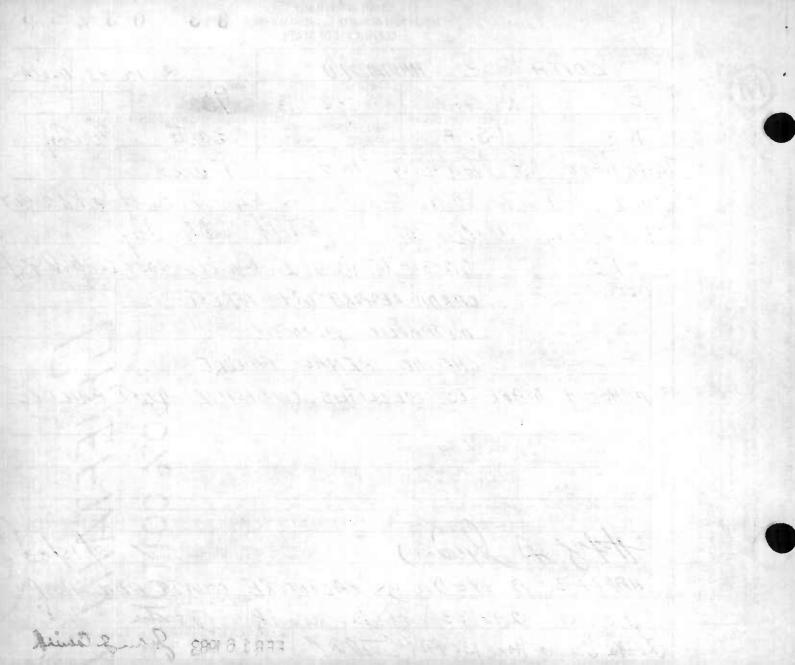
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1 h	1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN® 4 9							
20	1-	STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.					
/		CEASED NAME FIRST	WIDDLE	LAST	2a_ [PATE KNOWN XX	MONTH DAY YEAR 26 HOUR		
300	(TYI	Geor	ge C.	Hall		OF ESTI-	2 2519 83 M		
(MA)	3. SE.		S. DATE OF BIRTH & AG	E (IN YEARS IF UNDER 1 YR.	IF UNDER 24 HRS. 2c.	DAIL	NONTH DAY YEAR 24 HOLLR		
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Y IS GE ED VICED	10 C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET AD		FOR MOST	OCCUPATION (TYPE OF OF WORKING LIFE)	WORK 126 KIND OF BUSINESS OR INDUSTRY		
DELAY TO TH N PAG 105, 20	HISTI	Essex		Hospital	MANAG	EMENT	OR INDUSTRY TELEPHONE COMPANY		
21201 E ANY I RETAIL RECOR	13a. S	TATE HIS COUN	M 17	Tad. INSIDE CI			D 21146		
SHORT SHORT		ARYLAND ANNE	ARUNDEL SEVERNI	FARK YES L		FERNWOOD	DR.		
E, MD.	1	FIRST	MIDDLE		ER'S MAIDEN NAME	MIDDLE	LAST		
A A G E	Téc. \	YEORGE WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	1	MANT	ADDRESS	H NYLA		
BALTIMORE, S. AFTER DEAT GIVE PAGES ITH FORM PAGES I AND INISION OF PAGES I AND	0	ES. NO. OR UNKNOWN) (IF YES, GIVE	216-34	8462 RITE	Loui	(SAME	AS 13)		
WITH PA		18 CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), and (THE .	Grine	APPROXIMATE INTERVAL		
PRESTON ST., ITHIN 24 HOUR CIL IN ITEM 18. VER ALONG W ANSIT PERMIT. AL HYGIENE, D REMOVAL.		PART I DEATH WAS CAUSE	D DV	Terotic Cardi	iovascular D	isease	BETWEEN ONSET AND DEATH		
STO N ITE		4272	DUE TO, OR AS A CONSEQUE	NCE OF					
ANS ANS		Conditions, if ony, which gove rise to immediate							
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSIFING THE WORD "PENDING" IN PENCIL IN 176M 18, GIVE PAGES 1, 2, AND 31 OT HE FUNER RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR 25 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN TO BURIAL, CREMATION, OR REMOVAL.	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE OR CONDITION	N GIVEN IN PART 1 (a)				
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DIN THIS C WRII WARD VARE I ATE [>	AT WORK AT WORK]	STALL	Cil	ORTOWN	COUNTY		
DIVISION OF WER. THIS CERTIFICATE ATE, WRITING THE V FORWARDED TO THE OR, PAGE 3 SHOULD HE STATE DEPARTMEI ND, 21201 PRIOR TO			ge of the remains described above, hel	d on Autopsy XX.	Inspection . Ir	quiry , ond in	n my opinion		
MINE FECTO TH TH		death resulted from Natur	rai courses XX Accident	Sujcide Homic					
EXAMINE CERTIFICA JLD BE FO DIRECTO WITH THE		200	WEN A		SPECIFY)				
ITHE CER THE CER SHOULD ERAL DIR EATH, WII		SIGNATURE VELLE	us / my	A MAGASSI	stant MEDICAL	EXAMINER	DATE 2-25-83		
EDIC DIE 1 A SI NORMORA		EXAMINER'S NAME	ennis F. Smyth. M	D	III Ponn	Ctroot			
DIVISION OF VITAL R. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF AT FOUNDER, DAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIÇAR TO BUSIAL,		(TYPE OR PRINT)		.DADDRESS_		Street			
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BP	24 F	CREMATION I	FeB. 26, 1983 REST	EDE CREMAT	25a. DATE REC'D. BY REC	SISTRAPORE C	RAR'S SIGNATURE		
DHMH - 17 (VR A15 ME (5))	10	BERT S. BARR	ADDRESS 501 KI	PARE HUY	MAR 2 198	STRAPA A REGISTE	I Court		
(AK WID ME (2))	IN	BEKL OF WHEK	ANCO SEVERNA	MICK, IVW.		0			

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		FOR	STATE OF MARYLAND				
200	1.	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 3 U 3 2 3 U STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.					
bo f		CEASED NAME FIRST	MIDDLE LAST . 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR				
7	1. SE	EDITH	14. RACE 15. DATE OF BIRTH 16. AGE JINYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS				
		F	NEGRO MONTH 24 13 TO YRS. MONTHS DAYS HOURS MIN.				
35		CONTROL DESTATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED P BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED COUNTY OF DEATH MD.				
5	1/2	lla Nota	11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TO NOT A COLUMN OF STREET HOMESS) 120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) TYPE OF WORK FOR MOST OF WORKING LIFE) TYPE OF WORK FOR MOST OF WORKING LIFE)				
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130	P	thers name down	MIDDLE WILLIAM DI 15. MOTHER'S MAIDEN NAME STORE LAST				
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hows any injury, or other trauma	CERTIFICATION	ANAEMIA DI	DUE TO, OR AS A CONSEQUENCE OF (b) MFIRBULC ACIDOSIS DUE TO, OR AS A CONSEQUENCE OF (c) CHRONIC RENAL FAILURE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 OF A CONDITION FOR WHICH OPERATION WAS PERFORMED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c AUTOPSY? YES NO YES NO				
4	100	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR				
	MEDICAL	THE INJURY OCCUPRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE				
1		220.1 certify that (1) (this haspit	oital) attended the deceased fram, 19, ta, 19, that (f) (we) last				
PORTANT: If hem 21		sow the decreased alive an above of lower (did) (did) and the State of	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN				
3 3-1-	230	BURIAL, CREMATION, REMOVAL	1 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF THE COUNTY PARTIE				
1 4/82	24 F	UNITRAL DIRECTOR	Home 13046995 Otal of 150 DATE REC'D. BY REGISTRAR'S SIGNAURE FFR 16 1983				



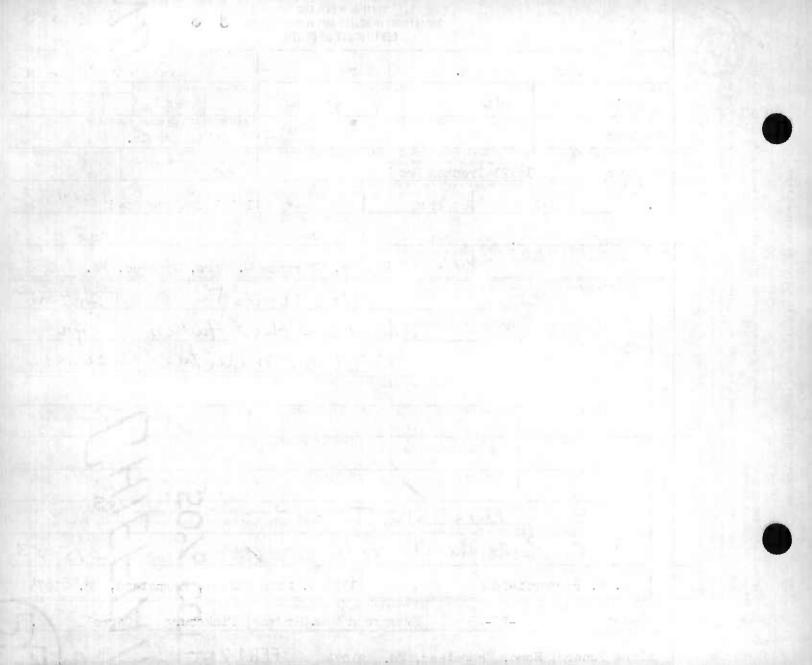
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9			EASED NAME FIRST MIDDLE	LAST REG. NO.	DAY YEAR 26. HOUR
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	为6555 4	1.5€	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS MONTH DAY YEAR LAST BIRTHDAY)	IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH MONTHS DAYS FOURS MIN PRONOUNCED	DAY YEAR 2d. HOUR
	2000		Male White MAR 8 22 GO YRS.	DEAD FEB	25 1083 1030
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	DELAY IS TO THE N PAGE DS 201	71	(1F NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	FOR MOST OF WORKING LIFE)	OR INDUSTRY J.M. I. COMPANY
5	_ m = 0 or - =		RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL		0,14. 1. CO141 1109
MD. 21201	A SE		NED 136. BUNITY 13 13 13 17 OR TOWN	13d. INSIDE CITY LIMITS? YES NO 13d. STREET ADDRESS YES NO 1714	A1551536
QV QV	ST. 2.	14. F.	THER'S NAME FIRST MIDDLE LAST	15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
ORE	OF OF PEA		ECIL HANCOCK		200M
BALTIMORE	DE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF AI SENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AN MEDICAL EXAMINER ALONG WITH FORM PM 3. RE AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHO CALTH AND MENTAL HYGIENE, DIVISION OF OTHER REMATION, OR REMOVAL.	100.	AS DECEASED EVER IN U.S. ARMED FORCES? IND. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) (IF YES, GIVE WAR OR DATES) 4/11-27-35	of VIRGINIA HANCOCK 9189 SMIT	H AVE 40.21236
	24 HOURS AFT ITEM 18. GIVE ITEM 18. GIVE T PERMIT. PAGE GENE, DIVISIO		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	ISCLEROTIC CARDIN-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	24 HA ITEM IONC PERA GIEN VAL		4292 IMMEDIATE CAUSE (o) POPULA CONSEQUENCE OF	SCEELES IN CHARCING	
ES	HIN NSI EMO		100 100	r Pisers &	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	D BE EXECTENDING." MEDICAL AS A BUIL CREMATI	NO	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PART 1 to	
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Ö	CERTIFICATE TING THE W DED TO THE 3 SHOULD B DEPARTMEN I PRIOR TO B	E	INDERLYING OR HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PAR	T 2)
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20	E. WRITING THE WORD "P E. WRITING THE WORD "P RWARDED TO THE CHIEF- PAGE 3 SHOULD BE USED STATE DEPARTMENT OF HE , 21201 PRIOR TO BURRAL,	ME	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) AT WORK	STREET CITY OR TOWN COU	NTY STATE
			220. I certify that I took charge af the remains described above, held an	Autopsy Inspection . Inquiry and in my opi	nian
	EXAMINER: CERTIFICATE JUID BE FOR UNITECTOR: I, WITH THE MARYLAND,		death resulted from Natural causes Accident . Suicide	e , Homicide , Undetermined manner ,	
	EXA CERT CERT DULD H, WIIT MAR		ACTUAL Marily Muerin	TITLE (SPECIFY) DATE	2/25/83
	SHOPE		SIGNATURE	M.D. MEDICAL EXAMINER SIGNED	UN RP
	TO MEDICAL E EXECUTE THE C PAGE A SHOU PAGE A SHOU AFTER DEATH, P BALTIMORE, M	200	TYPE OR PRINT) PAUL F- GUERIN	ADDRESS CUCKEY VILLE A	0501501
	5355F8 _	23a.B	RIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETI		TY STATE
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STATE OF MARYLAND

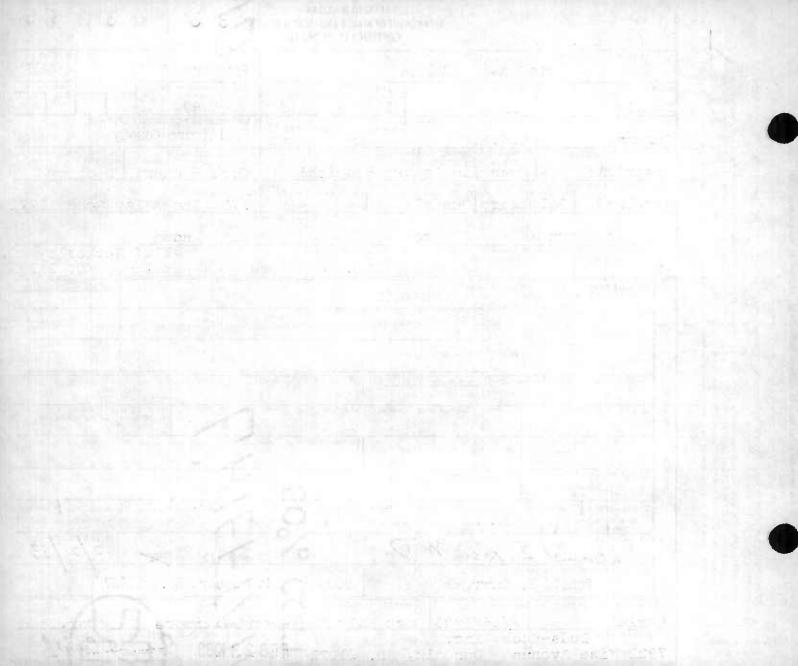
THE PLANT OF STREET CHARLES AND STREET 181 - Author the Committee of the Committee of



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-MORI DEATH MATED AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED 12 99 Male White 30 83 DEAD YRS TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. WIDOWEDX DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 2912 Hiss Avenue Parkville Time Keeper Beth.Steel 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME N MIDDLE MIDDLE William LAST FIRST Harrison Edwards Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN' 16b. SOCIAL SECURITY NO. 690 Brentwood Ave. PAGES 1 DIVISION LYES, NO. OR LINKNOWN (IF YES, GIVE WAR OR DATES) 218-18-2484 Balto. MD. 21222 No Charles Bockner APPROXIMATE INTERVAL CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PERMIT. BETWEEN ONSET AND DEATH MENTAL HYGIENE, N, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY CARDIN SCLEROTIC IMMEDIATE CAUSE PISEASE Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. MENT OF HEALTH AND MI A BURIAL PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY (AT HOME, 211 LOCATION 71d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTMORE, MARYLAND, 21201 P 3 STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I taak charge of the remains described above, held an and in my apinian death resulted from Hamicide Undetermined manner EXAMINER'S NAME 23a. BURIAL, CREMATION, REMOVAL COUNTY 2/16/1983 Loudon Park Burial Baltimore Maryland BP 24 FUNERAL DIRECTO Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR 776. REGISTRAR'S SIGNATURE **DHMH - 17** 7922 Wise Avenue Dundalk, MD. 21222 (VR A15 ME (5)) 15M 2/80

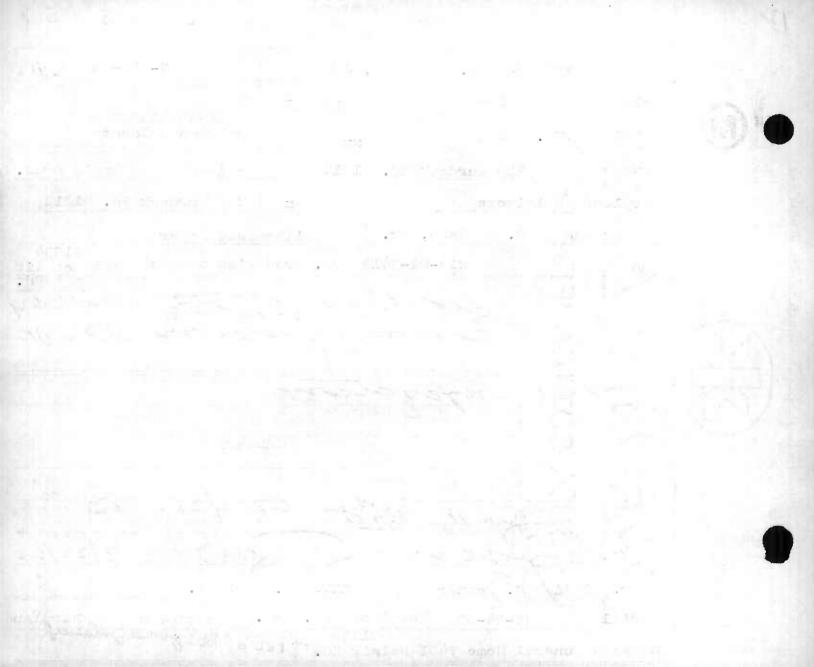
William and the

STATE OF MARYLAND



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		CEASED NAME FIRST	MIDDLE		AST	24 DATE OF DEATH		2b. HOUR
page 3 death		ORPRINT) Word		Ha	wkins	1-27.	- 82	JAN
e. or, pi	3. SE	Female	Black	5. DATE (6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYE MONTHS DA	
(M)		RTHPLACE (STATE OR FOREIGN DUNTRY)	U. S. A.	MARRIE WIDOW	D NEVER MARRIED D	BALTIMORE CITY O	R COUNTY OF DEATH	
94	IN C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		CENTER.	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUST	
Indian Indian	130 5	AL RESIDENCE IN NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION) TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	1:57	21230
mpletely nd 2 shot	14 FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		LAST
Pages 1 and cor		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL WAR OR DATES)	SECURITY NO.	Mrs. Lucy M	ADDRE	23 sBaylis	ST. 9/2
een signed by the attend Then please remove car or to burial, cremation, any injury, or other tra	rion	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C		EQUENCE OF				
te has b permit. jiene pri	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
ng physician. this certificat urial-transit p Mental Hygis d or Item 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOT IF Y MEDICAL EXAMINER) 214. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 210 PLACE OF INJURY	DAY YEAR	21t. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART ;	?)
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Jby the hospital or a VERAL DIRECTOR: pe detached for use a e State Dept. of Heal TANT: If Item 21 is		22e I certify that (I) (this haspi saw the deceased alive a above, (I) (we) (did) (did na 22h SIGNATURE 22d PHYSICIAN'S NAME (TYPE OF	A view the back after death.	19	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF	72c. DA	the causes stated
retained by th TO FUNERA should be dete with the State	22.	Theo C	Patterso		3427	Dundai	k ave	2/94
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DHMH-16 25M (VRA 15 4) 1/79	24 Ft	INERAL DIRECTOR	ADDRES		ST - DATE	E REC'D. BY REGISTRAR	25h. REGISTRAR'S SIGN	ATURE

Dondall States and Sta 911 Baylin St. 2122 th The stand C22 moeth to me and Florence 2-1-83 to Colony Brite Landell March March Comment of the State State Samine



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	ICATE OF L	DEATH		REG.	NO			
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3. SE		4	RACE		5. DATE C		MEAD	6. AGE	(IN YEARS LAST	BIRTHDAY)	If U	NDER I YEAR	IF UNDER 24 HRS
	Male		Whit	e	5	22	02		80	Y	RS.	IHS DAYS	HOURS MIN.
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14 FA	George	MI	H.	Heider	man		S MAIDEN NA/ FIRST argaret		MIDDLE			L1oy	rd
	VAS DECEASED EVER IN		ED FORCES?	166 SOCIAL SEC		17. INFORMA				PRESS		- 1/1	
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CERTIFICATION	PART 2. OTHER SIGNIII	MA	196 CONDI	TION FOR WHICH	L FILI	RAL N WAS PERFO	AMD PRMED	DFR 200 A	IC PR	0190 206. IF	YES, WI	FFZ ERE FINDING G CAUSES	1810N
	210. ACCIDENT WAS UNDER	ISE OF DEATH	HOUR A.M	A. MONTH D	AY YEAR		JURY OCCURR			JURY IN ITEM	YES _		но 🗍
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	Hefrey.	P	S	4000	-)	PEGREE A	TTENDING PHYSICIAN	MEDIC DIRECT	AL ST OR PHYS	AFF SICIAN 2		22c. DATE	9/83
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(BURIAL, CREMATION, RE SPECIFY) Burial	MOVAL	23b. DATE 2/22/8			ne Parl		Wo	OCATION CITY OF TOWN Od Lawr	1	Ba 1 t	imore	Mary1
	UNERAL DIRECTOR bbard Funer	al Ho	me, Inc	. 4107° V	212 Vilken	29 s Ave.	FEB		1983	R 266 REC	ISTRAR	J. G.	weigh

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	1-	FOR STATE REGISTRAR	DEPAR	RIMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0	3 2 5	5
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55	3. SE		4. RACE	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	MONI		NDER 24 HI
		F	W	11-	8-1915	67	YRS.		
1)	7	RTHPLACE (STATE OR FOREIGN PUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNTR	WIDOWE		BALT I MORE		DEATH	
0)		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI GREATER BALTO	REET ADDRESS)	CENTER	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR	F WORKING LIFE)	126. KIND OF BUS	
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30	14. FA	THER'S NAME FIRST JOHN	MDDLE LAST		15. MOTHER'S MAIDEN NA	ME	loore	LAST	
)		VAS DECEASED EVER IN U.S. AF			17. INFORMANT	ADDRE	55	mbois (2127 ave
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9999	MEDICAL CERTIFICATION	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 216. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	211. HOW INJURY OCCURI	YES NO	IN CERTIFYING YES RY IN ITEM 18 PART 1	G CAUSES OF D	
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If hem 21 is marked ar them 18 shows any		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICALEXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22c. Leertify that (1) (this hosp saw the deceased alive or	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	DAY YEAR 19 CE. FARM. ETC.) m 2/3 9 83 . or	211. LOCATION STREET 19.8.3 and that in (my) (our) opinion DEGREE ATTENDING	YES NO CITY OR TO	IN CERTIFYING YES TY IN ITEM 18, PART 1 WN 19 ofe and hour on	G CAUSES OF D NC	STATE (I) (we) I
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24 FUNERAL DIRECTOR Duda-Ruck, Inc.

7922 Wise Avenue, Dundalk, MD

STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

INDUSTRY 4222 Helmick 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY STATE 22c. DATE SIGNED 21052 COUNTY Baltimore Maryland

FEB 2 2 1983

21222

2b. HOUR

8:03A

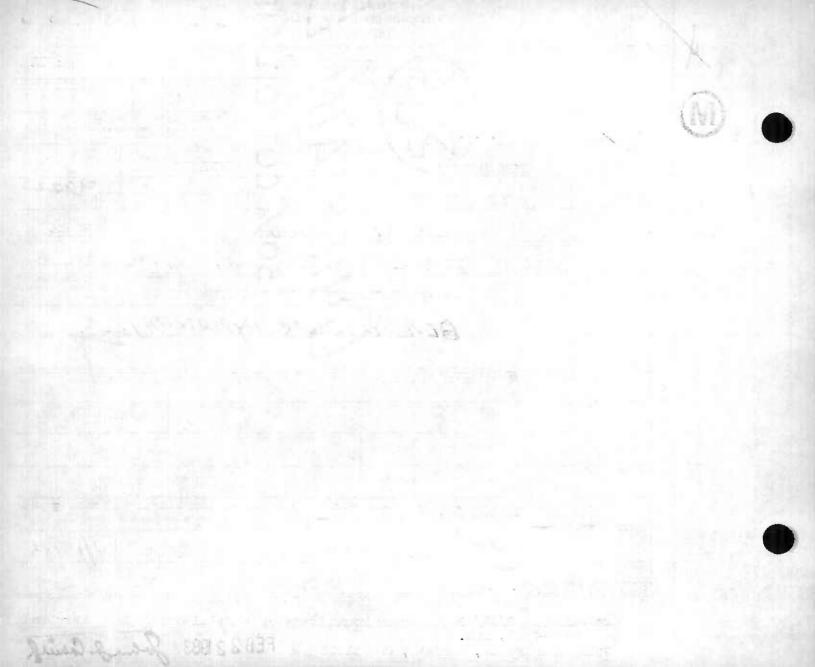
12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

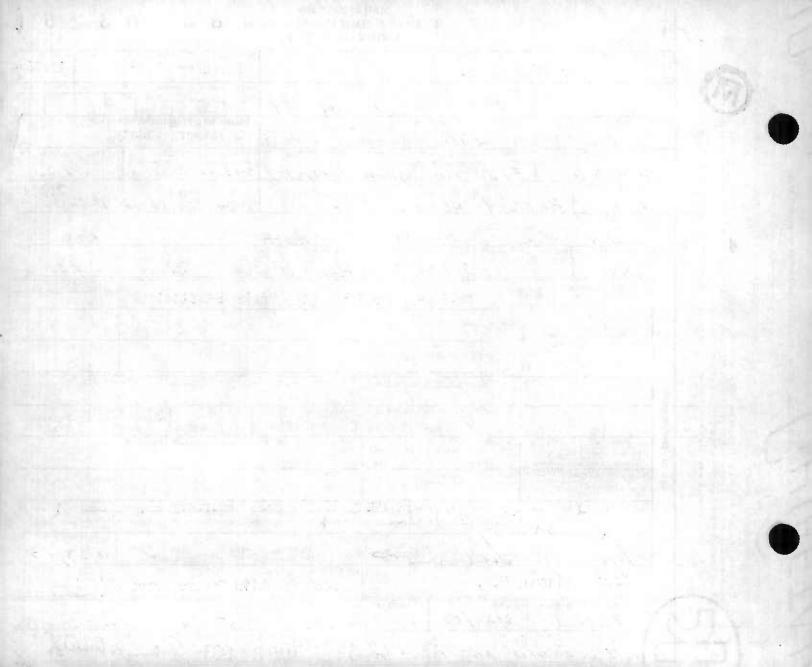
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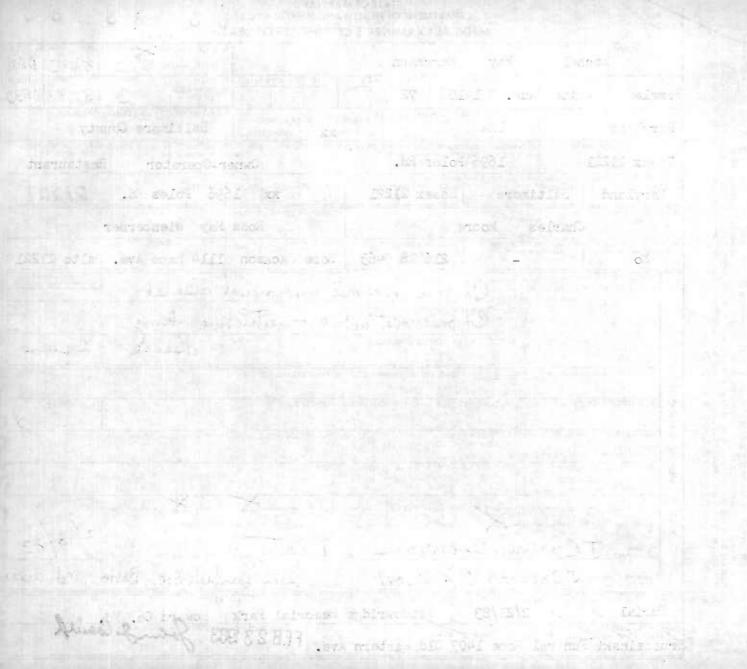
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2 100	DECEASED NAME	FLORENCE	E.	HENSON	February 2		11:35am
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1 Cg / GD]	4 FATHER'S NAME FIRST	MIDDLE	Hea	1011	MIDDLE		ده کک
S. Pages 1 or medical ex	60 WAS DECEASED (YES, NO OR UNKNOW)	EVER IN U.S. ARMED FORC N) (IF YES, GIVE WAR OR DAT		1-3639 Harry He	ADDRESS ASON Sa	me as	above (MATE INTERVAL ONSET AND DEATH
equires that the death certificate in signed by the attending physici. Then please remave carbonopoper it to buriol, cremotion, or remaval. injury, or other traumotic event, the	PART 2. OTHER	ony, which immediate stating the couse lost.	O, OR AS A CONSEC b) O, OR AS A CONSEC c) NS CONTRIBUTING T		RMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1	a.
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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			STATE REGISTRAR		^		LEXAMIN	IER'S	CERTIFICATE (OF DEA	TH REG. 1	10.		
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	TO ME PAGE TO FU			ION,REMOVAL	23b. DATE 2/21/8		NAME OF CE		R CREMATORY Memorial	Park	ATION RTOWN Howard	Co. Mc	aty s	TATE
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FOR

REGISTRAR DECEASED NAME

MAUDE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

- STATE

TYPE OR PRINT)

FEMALE

COUNTRY

TO BIRTHPLACE I STATE OR FOREIGN

VIRGINIA

10. CITY OR TOWN OF DEATH

MD.

LYES. NO OR UNKNOWN! NO

14 FATHER'S NAME

JOHN

OWINGS MILLS

SEX

STATE OF MARYLAND

HODNETT

C.

76. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

WHITE

USA

4 RACE

USUAL RESIDENCE (IF NURSING HOM OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)

MIDDLE

A .

DEPARTMENT OF HEALTH AND MEN

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITU

BAPTIST HOME OF MARYLAND

BALTIMORE

166. SOCIAL SECURITY NO.

215-10-3934

PALMER

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l	LAST	20. DATE OF DEATH MONTH DAY	YEAR 2b. HOUR								
ODNE'	TT	FEBRUARY 8,19	83 6 05 P.M.								
DEC.		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDE	RIYEAR IF UNDER 24 HRS DAYS HOURS MIN.								
8. MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY ME									
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DMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 608 GORSUCH AVE.	-21218								
	SUSANA	MÊ	LAST								
34	BAPTIST HOME (IGHTS AVE.								
Di A	- INFARCT	400	HOURS								
ICE OF	ORIVARY AR	TERY DISEASE	YEARS								
CE OF	CLAROTIC DIS	BASE									
ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN F	PART Ira								

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY YO CARDIAL IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF LORGHARY SRUERE Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last ATHEROSCLETLOTI PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC | AT WORK LEB 220.1 certify that (1) (this bottonal) attended the deceased from 03 sow the deceased alive an and that in (my) (companion death accurred on the date and hour and from the causes stated above. (1) (wantebal) (did not) view the bod 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL

BP

24. FUNERAL DIRECTOR DHMH - 16 50M 4/82

BURIAL

JOHN G. LAVIN M.D.

22d. PHYSICIAN'S NAME THE CHIPPING

230. BURIAL, CREMATION, REMOVAL 23b. DATE FEB. 11,1983

23c NAME OF CEMETERY OR CREMATORY MEADOWRIDGE MEM. PK.

22e ADDRESS

6805 YORK RD. 21212

23d. LOCATION CITY OR TOWN ELKRIDGE

PHYSICIAN TOURECTOR PHYSICIAN

COUNTY OWARD

MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

250. DATE REC'D. BY REGISTRAR 151

(VRA 15, 4)

TORROSS -- FINE BIRTING TORROSS TANAL 19 DATE OF

STATE OF MARYLAND

6	1.	STATE REGISTRAR			DEPARTM		ICATE OF DEA		IENE O	REG. NO.			
		CEASED NAME	FIRS1	A	MIDDLE	i	AST		20 DATE O	F DEATH M	ONTH	DAY YEAR	2b. HOUR
	11176	OK PRINT)	GENIA		GOLDA		HOECHE		FI	EBRUARY	16,	1983	6 P.M M
	3. SEX	X	4.	RACE		5. DATE C			6. AGE IN	YEARS LAST BIRTHI		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	F	EMALE		WHIT	E	OCT.	24, 189	8		84	YRS.		HOURS MIN.
	7a. BII	RTHPLACE (STATE	OR FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8.	DXX NEVER MAR	RIED 🗆	9. BALTIMO	RE CITY OR	COUNTY	OF DEATH	
		GERMANY	100	USA		WIDOWE	DI DIVO	RCED []	_	ALTIMOR		UNTY	MD.
		ALT IMORE	DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET / RD MANOR	ADDRESS)		MOITI	(TYPE OF WOR	OCCUPATION REFORM MOST OF VOICE WILL	WORKING LI		OF BUSINESS OR
7	13a S	AL RESIDENCE (IF NOTATE ARYLAND	SURSING HOME OR O	THER INSTITUTION. Y	131, CITY OR TOWN BALTIMO	N	1138. INSIDE CITY YES 📉 NO	LIMITS?	13e STREET 3800	ADDRESS W. RC	OGERS	AVE.	#21215
. 2	14. FA	THER'S NAME	M	DDLE	LAST		15. MOTHER'S M			MIDDLE		LAS	
2		PESAC	CH		KATSCHE	LNIK	Tho		ι	JNKNOWN	Ĭ	,,,,	
2		VAS DECEASED EV		ED FORCES?	16b SOCIAL SECU	RITY NO.	17. INFORMANT	N	IR. LEC	HOPE'S	łΕ		
1		NO	(# 160, 0116		214-30-6	756A	7606 CA	RLA	RD.	BA	LTO.	, MD	21208
		18 CAUSE OF DE PART I. DEATH	ATH (Enter only I WAS CAUSED IMMEDIATE	BY:	fine far (a), (b), one A CLL	te	MI	134					O M MULL
		Conditions, if a	iny, which	DUE TO, OI	R AS A CONSEQUE	AS.	CVD	4 (CHK			>	leur
		gave rise to couse (a), sto underlying ca	oting the)	r as a conseque								
	z			_	ONTRIBUTING TO E	_	NOT RELATED TO	THE TERM	INAL DISEAS	E OR CONDI	TION GIV	EN IN PART 100	3,
	<u>6</u>			l son	refferen		741	icely	fi con	oner.	00) IF VE	UKS	100 1100
7	CERTIFICATION	19a. DATE OF OPE	RATION	196. CONDI	IIIOM YOR WHICE	OPERATIO	19 70		YES -	ио 🗌	IN CERTIF	S, WERE FINDIN FYING CAUSES S []	
7		21a. ACCIDENT WAS OR CONTRIBUTING [CAUSE OF DEATH	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJUR	RY OCCURI	RED (ENTER N.	ATURE OF INJURY	IN ITEM 18 F	PART 1 OR PART 2)	
	MEDICAL		T WHILE	10000	REET, FACTORY, OFFICE, F.		211. LOCATION STREET			CITY OR TOW	N	COUNTY	STATE
		22a. I certify that	this hospito eased alive on e) (did) (did nati	I) attended the	e deceased from	33_,01	nd that in (my) (ou	r) opinian	death accurre	ed on the date	e and hou		that (II) we) lost couses stated
		22b. SIGNATURE	SHI	mele	um		DEGREE ATTE	NDING SICIAN	MEDICAL	STAFF	AN 🗆	22c. DATE	SIGNED
1		22d. PHYSICIAN'S STANFOI	NAME (TYPE OR RD MALIN		D.		22e ADDRESS 3635	OLD	COURT	RD., F	RM. 6	10 #	21208

BP. DHMH - 16 50M 4/B2 (VRA 15, 4)

IMPORTANT: If Item 21 is marked ar them 18

230. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

COUNTY BALTO

BURIAL

24 FUNERAL DIRECTOR SA SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTO., MD 21215 CHESED 250 DATE RECIDE FEB 22 RANDALI SOWN BY REGISTRAR OF EGISTI STATE MD

1 - TEX ET - 1 - 1 Total Shock TRIATE STU-SAR THE STREET STREET FEB 22 185 January 1

- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O S & D U S - AND ADDRESS OF rii Littingers as the Seed York Hour States relation Unkasun Liber et it e de la company de la co First County County III Superior Cla Europe Harry W. Jeins & Sons Co.

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) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours alter any property toined by the haspital or attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in to the tuning free should be detached for use as the burial-transit permit. Then please remove carbon-papers, Pages 1 and 2 should be filled within 17 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar remaval.
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6	1 -	FOR STATE REGISTRAR		DEPARTM	STATE OF MA MENT OF HEALTH CERTIFICATE	AND MENTAL HY	GIENE 8 3	0	3 2	68
		OR PRINT)	OWARD	C.	HOFFME I	STER	26. DATE OF DEATH	MONTH 2	5 83	12:40 pm
100	3. SE		4 RACE	200	5. DATE OF BIRTH	3 1899	6. AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
bor	1	RTHPLACE (STATE OR FOREK	GN 76 CITIZEN OF	WHAT COUNTRY?		VER MARRIED	9. BALTIMORE CITY			
ortindar	10. CI	Taryland TY OR TOWN OF DEATH TONSVILLE	U.S.	.A. HOSPITAL, NURSIN HEACHITY, GIVE STREET, L Nursing	G HOME OR OTHE	DIVORCED	Baltimo	ION	12b. KIND C	MD. DE BUSINESS OR apeake
Chinese be in					ADMISSION) N 13d, IN YES [13e STREET ADDRESS 704 Manche	ster l		111ac 21229
examine 30		THER'S NAME FIRST Henry	MIDDLE	Hoffm	eister	ther's maiden na	et		Mic	h a el
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s any injury, ar other traumo	CERTIFICATION	PART 2. OTHER SIGNIFIC	ich ofte the DUE TO, O Sist. (c)	R AS A CONSEQUE	Lerotic (NCE OF DEATH BUT NOT RE	LATED TO THE TERM	MINAL DISEASE OR CON	NDITION GIV	VEN IN PART 11	NGS USED
ar Item 18 show	MEDICAL CERTIF	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER, NOTHEY MEDICAL EX	OF DEATH HOUR A	M. MONTH DA M.	YEAR 19	OW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 F		но 🗆
21 is marked a	ME	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this saw the deceased at a control of the contr	haspital) attended th	5. 190	Sept. 21	19 <u>62</u> n (my) (aur) apınian	to Feb. 5		19 03	that (I) (we) last
TANT: If Hem		226. SIGN THE	3 2	. Rm	DE GREE	ATTENDING PHYSICIAN DORESS	MEDICAL STA	AFF CIAN [5 SIGNED . 7, 83
IMPORTANT		James Rowe	•	Tac.			vealth Avenu	ie e		
	23a. E	SURIAL, CREMATION, REM SPECIFY) Burial	2/8/			y or CREMATORY k Cemeter	Baltimo	re	COUNTY	Maryland
4/82		UNERAL DIRECTOR ubbard Funer	al Home, I	nc. 4107	212: Wilkens		B 7 1983	25 TEGIST	TRAR'S SIGNA	shield

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MacNabb Funeral Home, Catonsville,

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

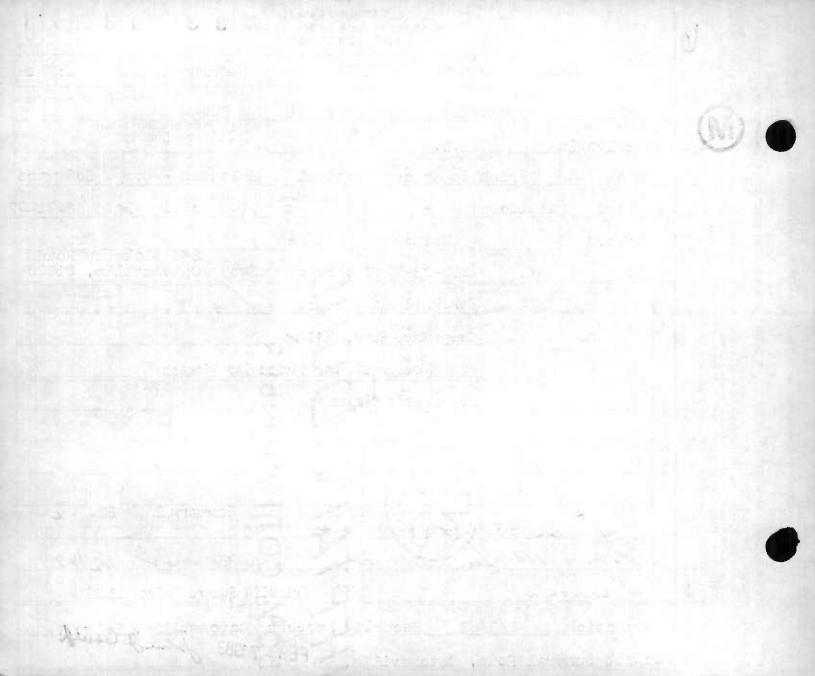
DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Frank Dunbar HOLMES February 2, 1983 5:00 a 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YRS BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Salesman - Comb. Software 13e STREET ADDRESS Rolling Bend Rd.21207 MIDDLE Frey 2098ss Blakeney Road Catonsville, 21228 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic Cardiovascular Disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COLINTY STATE to February 2 and that in Long (aur) apinion death accurred on the date and haur and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 9000 Franklin Square Drive 21237 23d LOCATION Security Process Cremation Catonsville. 24 FUNERAL DIRECTOR

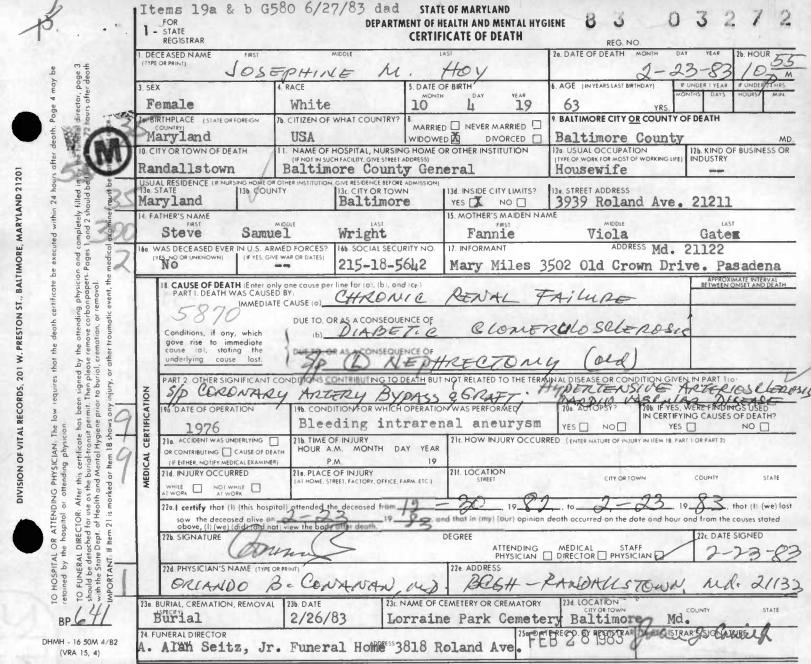
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.





9. . S. . . Larry land

A ACB hos Prist Baltimore Countries -- Sliwsmon foresal y much erowities andal.stems Baltitore X 3939 Holand No. 21211 Stee Sund .rint whis lola 14. 21122 -- 215-16-5 42 Mar 11-1 35% Old Grown Priv. associa

> Legraine for the state of the s 1. . un seivz, dr. Un rus done 3210 Bolana Ave.

THOUSEWITE WORKING LIFE) 13e STREET ADDRESS 4401 Roland Ave 21210 Diehl Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Que day PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) tous) apinion death occurred on the date and hour and from the causes stated 77 DATE SIGNED DIRECTOR PHYSICIAN Baltimore, Maryland x nix x x Dulaney Valley Maus. Cockeysville, Maryland 1/8/83 250. DATE REC'D. BY REGISTRAR 256. 24. FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7b. HOUR

126 KIND OF BUSINESS OR

IF UNDER I YEAR

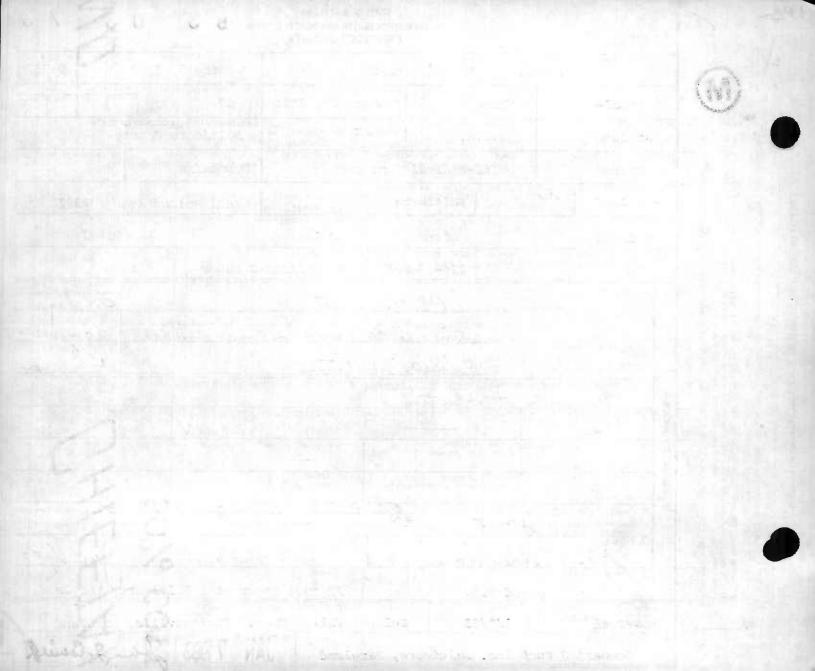
2:35PM

IF UNDER 24 HRS

DHMH - 16 50M 4/82 (VRA 15, 4)

FOR

- STATE



injury, or other traumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows any

	FOR - STATE REGISTRAR		MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	0 3	27	eq.
	1. DECEASED NAME FIRST	MIDDLE		LAST	10.07.12.07.02.11.1	ONTH DAY	YEAR 2b. HOUR	am
	RUTH	HAZEL H	<u>JGHES</u>			2 13		M O
	3. SEX	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER		MIN.
	Female	White		3,1899	83	YRS		
1	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR			
	Maryland	USA	WIDOW		BALTIMOR			MD.
/	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		KIND OF BUSINES: USTRY	SOR
0	TOWSON	GBMC 6701 N		RLES ST.	Homemaker			
)	USUAL RESIDENCE (IF NURSING HOME O 136. STATE 136. COU Maryland Balt		WN	13d. INSIDE CITY LIMITS? YES NO KK	13e. STREET ADDRESS 2749 Arbut	us Ave.	21227	
0	14. FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME		LAST	
1	Charles Richr			Nora E.			****	
	160 WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	13 ^{A28RE} 1	ar Cove	Rd.	911
	No No	212-30-	9085	Mrs. Lorna W				
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO		e congestive	> heart for	Milura STION GIVEN IN I	PART Itas	
	190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	H OPERATIO	DN WAS PERFORMED			FINDINGS USED	1?
	TIE .				YES NO	YES 🗌	NO 🗌	
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH ER) P.M.	DAY YEAR		RED (ENTER NATURE OF INJURY	IN ITEM 18 PART FOR	PART 2)	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		21f. LOCATION STREET	CITY OR TOWN		UNTY STA	ATE
	sow—the deceased olive o	n 2-13 19.001) view the bady after death.	0.3	and that in (my) (our) opinion	death accurred on the dote	e and haur and f		
	224 SIGNATURE -	Carter	mo	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA		a date signed	13
	Daniel	1 Carter	MO	GBMC 6701	N. CHARLE	S ST,	TOWSON	413
	23a. BURIAL, CREMATION, REMOVA (SPECIFY)	23b. DATE 236	NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN	TY STA	ATE

DHMH - 16 50M 4/B2

BP.

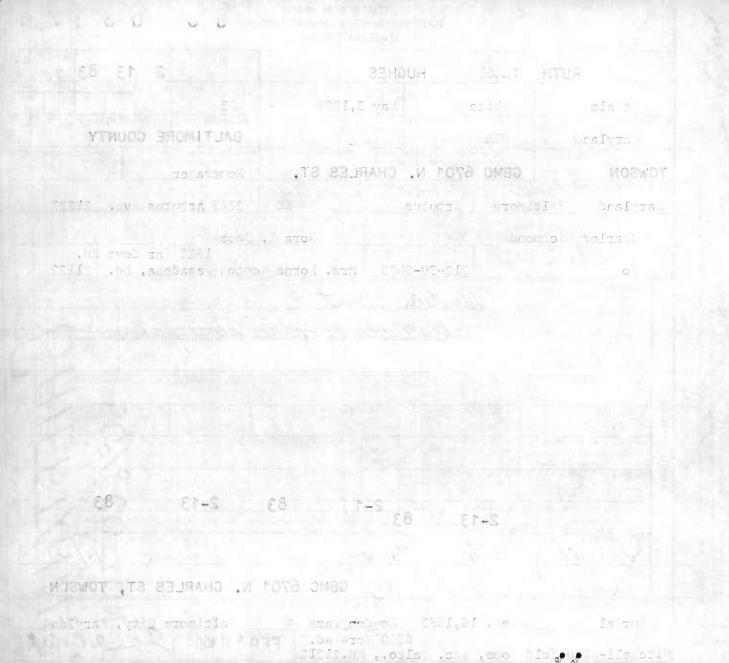
(VRA 15, 4)

ADDRESS 6500 York Rd.
Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

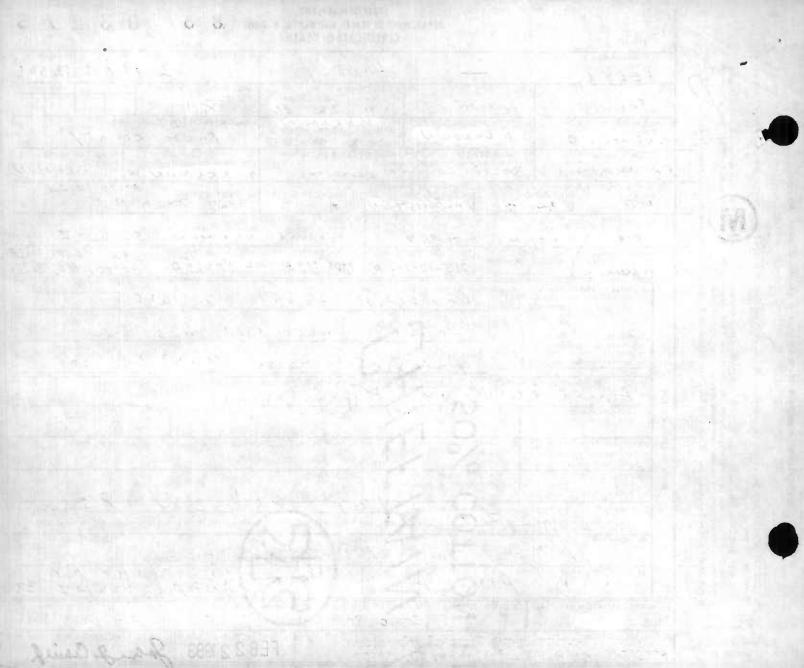
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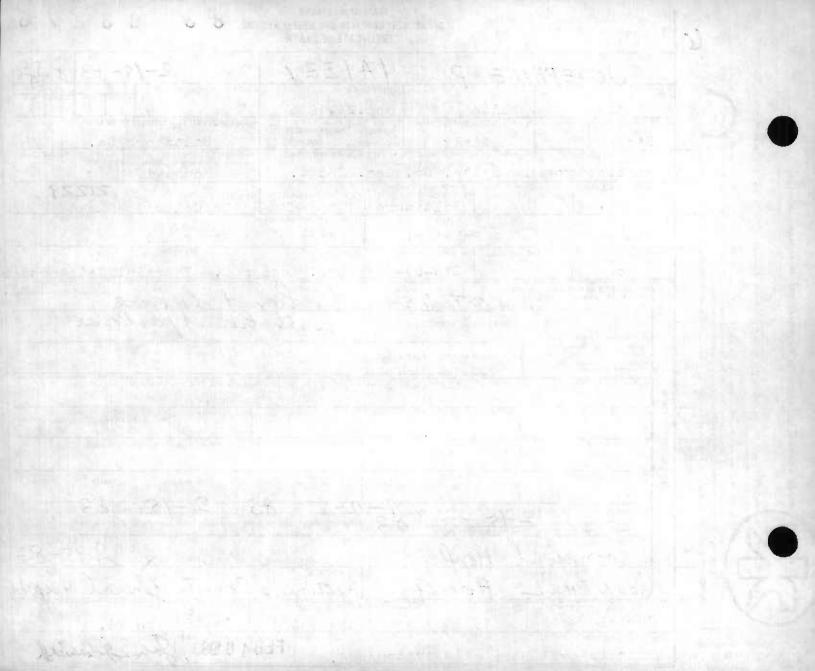
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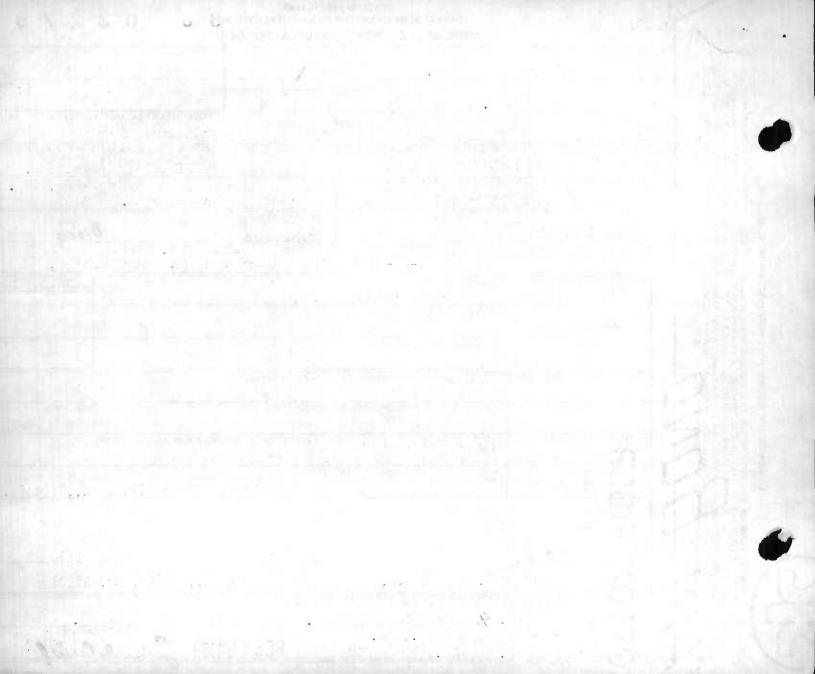


	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE , S S	0 3 2 / 5
₩ pe		CEASED NAME FIRST	MIDDLE	HUNDLY	20. DATE OF DEATH MONTH	19.83 12:50 PM
Page 4 may b director, page	3. SE	^	4. RACE WhITE	S. DATE OF BIRTH MONTH CAY YEAR 11 Z 8 OH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
nerol dir		RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED		COUNTY MD.
s offer d by the fu illed with	100	LNDALLS YOUN	11. NAME OF HOSPITAL, NURS	ET ADDRESS)	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) NUISES Company	
3	13a.	AL RESIDENCE (IF NURSING HOME OR 13). COUN M D Balto	0.17.0	WN .13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	RAI 70. 21.211
100	14. F/	A second second	aymond Heffma	15. MOTHER'S MAIDEN N FIRST JOANNA	MIDDLF	SCHULT Z
n and n bages I begin in medical		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECULAR OR DATES) 2/3-10		CHE CAPLIS	BALTO. MD, 2/21
physicio mpopers movol.		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), ED BY: TE CAUSE (a)	1 11	1 Failui	BETWEEN ONSET AND DEATH
death cer thending ve carbo ion, or re	39	Canditions, if any, which	DUE TO, OR AS A TONSES	Se myoler	deal enda	referen
by the class remoil, cremoil, cremoil, rother tro		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF Sclarate	e Heart	Desessio
equires 18 in signed Then plec r to buriol injury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 1/0
the law region. the pay region. the permit in the prior	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \ NO \
IVSKCIAN: T		218. ACCIDENT WAS UNDERLYING	ATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 ORPART 2)
JG PHYS offendin ter this case the bur hand Me riked or h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) 214 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pritol or TOR: Af for use of theolil 21 is mo			ital) attended the deceased from 2-19.		n death occurred an the date an	, 19 , that III (we) last and hour and fram the causes stated
by the hasp by the hasp EERAL DIREC se detached is State Dept		22b. SIGNATURE	y Ca	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN (224. DATE SIGNED
HOS FUN FUN Porld b		224. PHYSICIAN'S NAME (TYPE	AUTLA	220. ADDRESS		SCIRT RD
Bb C dd M	230. Bu	BURIAL, CREMATION, REMOVAL SPECIFY) 7		NAME OF CEMETERY OR CREMATORY Loud a n Park Cemeter	23d. LOCATION	
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR Loring 28 Liberty Rd.	Byers Funeralmss Randallstown M	virectors	EB 2 2 1983	SGISTRAR'S SIGNATURE





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injury, or other troumatic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows any

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EΡ	ART	MENT	OF	HE	AL'	TH	AND	MEN	ITA

Brooks Bradley Funeral, 213 Fore Dundalk Avenue

L HYGIENE CERTIFICATE OF DEATH

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

3

	1 - STATE REGISTRAR	DEPARTM				0	3 2	1 9
3	1. DECEASED NAME FIRST (TYPE OR PRINT) MADELI	NE Virginia	JANO	WITZ	20 DATE OF DEATH	2 22	VEAR 83	26 HOUR 5:05A M
	Female	MADELINE Virginia JANOWITZ 2 22 83 emale 4 RACE White 5.DATE OF BIRTH MONIS 6 DAY 20 TEA 3 69 YES 6 STATION FOR THE NOTIFE THE NOTIFE TO BE ADDRESS WARRIED NOVER DESCRIPTION OF BEATH Baltimore Country 10.S.A. WEATH OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION METALIST NUTSING CUT. — Heritage MADEL MADEL MADEL MATEIN 13. MANUAL OCCUPATION METALIST NUTSING CUT. — Heritage MADEL MATEIN 13. MISSING CITY LIMITS? YES NOTE 13. SUBJECTIVE THE NOTE 14. WAS CAUSED BY MADEL MATEIN VIRGINIA MADEL MADEL MATEIN 15. MOTHER'S SHABEN NAME VIRGINIA VIRGINIA MISSING CITY LIMITS? YES NOTE 16. 03. 2060 LOUISE SOMERS BALTIMOTE 16. WAS CONSEQUENCE OF MONIS ARRED FORCES? 16. 03. 2060 LOUISE SOMERS 216. 03. 2060 LOUISE SOMERS 3 Ashley Way BOLL OR AS A CONSEQUENCE OF MONIS ARRED FOR NOTE MEDILA IT. MD. 21014 METALISM CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IN CHARLES THE NAME OF INJURY MOUGHT THOSE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IN CAUSE OF DEATH MONIS ARM MONTH DAY YEAR MONIS ARM MONIS ARM MONTH DAY YEAR MONIS ARM MONTH DAY YEAR MONIS ARM MONTH	IF UNDER 24 HRS					
	70 BIRTHPLACE (STATE OR FOREIGN VIrginia	U.S.A.	WIDOWEDX	S DIVORCED	_	_		MD
2	NAKKANXXX	Meridian Nursing			(TYPE OF WORK FOR MOST O	E WORKING LIEE)	Rod M	ing far.
5	136 STATE 136 COUR		N 13d	ES NO X		Baltin r Place	nore, l	Maryland 2 2 2
C	William	Martin	15.				Unknö	wn
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (1E YES, GIN	/E WAR OR DATES)			3 Ashley Bel Air,	Way MD.		
	Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse lost PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	T RELATED TO THE TERMIN			IN PART 1(a	
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	ADELINE Virginia JANOWITZ 18 DATE OF DEATH MONTH DAY ADELINE Virginia JANOWITZ 2 22 ale 4 RACE White 5 DATE OF BRITH MONTH 6 DAY 20 TEATS 6 AGE (INTERNIAL ASSEMBLANT) WIDOWEDX DEFO. 7 BALTIMORE CITY OF COUNTY OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED BALTIMORE CITY OF COUNTY OF BALTIMORE COUNTRY NOTION OF OTHER INSTITUTION METHOD COUNTRY STORY NOTION OF OTHER INSTITUTION METHOD COUNTRY STORY WIDOWEDX D MORCED 130 USUAL OCCUPATION WIDOWEDX D MORCED 132 USUAL OCCUPATION WIDOWEDX D MORCED 132 USUAL OCCUPATION WIDOWEDX D MORCED 132 USUAL OCCUPATION WIDOWEDX D MORCED 133 USUAL OCCUPATION WINDOWEDX D MORCED 134 USUAL OCCUPATION WINDOWEDX D MORCED 135 USUAL OCCUPATION WINDOWEDX D MORCED 134 USUAL OCCUPATION WINDOWEDX D MORCED 135 USUAL OCCUPATION WIN	G CAUSES	IGS USED OF DEATH? NO				
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	sow the deceased alive an	CERTIFICATE OF DEATH REG MADELINE Virginia JANOWITZ To DATE OF BIRTH MARKIED NEVER MARRIED SAGE (INTERNS LASS) WILS.A. WIDOWED NEVER MARRIED SALTIMORE CITY BEALTIMORE BEALTIMO	eoth occurred on the do	te and hour o	nd from the c	45.		
	25	\$.	CERTIFICATE OF DEATH REG. NO. DOLE Triginia JANOWITZ 20 DATE OF DEATH MONTH S. DATE OF BIRTH MONTH MONTH B. AGE (INVEASE LAST BIRTHOLDY) MONTH MONTH A. MARRIED NEVER MARRIED MIDOWED S. DIVORCED MITTINITY MONTH MONTH					
	22d. PHYSICIAN'S NAME (TYPEO Dr. Dang	R PRINT)	CERTIFICATE OF DEATH PAGE NO. DOLE TOTAL	nd 212	222			
	230 BURIAL, CREMATION, REMOVAL (SPECIET) Burial	G	AME OF CEME ardens XXXXXXX	OF FAITH	CITY OR TOWN		OUNTY	MD.

DHMH - 16 50M 1/81 (VRA 15, 4)

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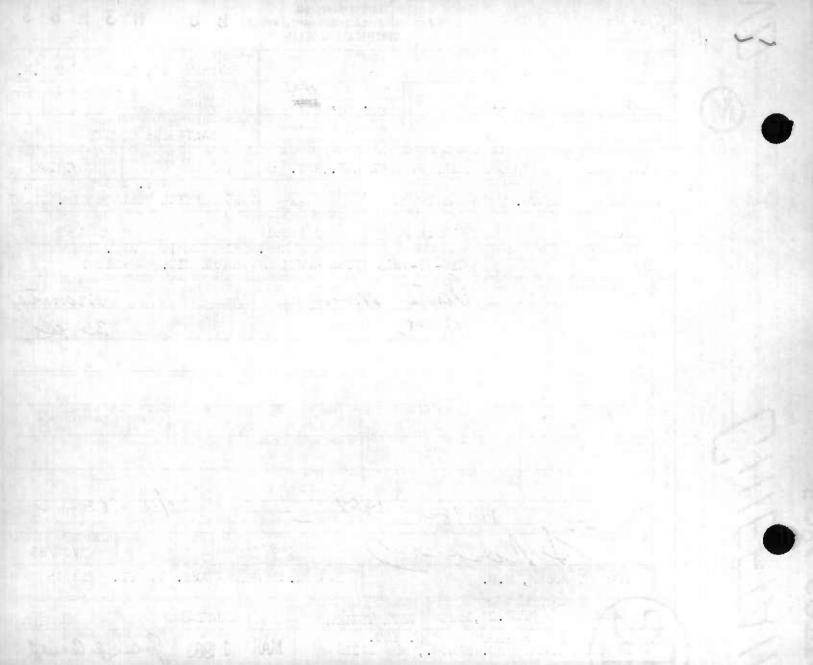
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toy be		CEASED NAME FIRST	ne I4. RACE	A e	Jon Is date o	65	2a. DATE OF D	a/03	DAY YEAR STEP STEP STEP STEP STEP STEP STEP STEP	2b. HOUR 10 0 M IF UNDER 2X HRS
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maryla ompletely 1 and 2 sh		THER'S NAME FIRST	MIDDLE V	INTER	STE/N	15. MOTHER'S MAIDEN N. FIRST SO AH // 17. INFORMANT		HTHA ADDRESS	USEN	KEYSULLE
attiMORE e be execution and a control of the contr			EIVE WAR OR DATES)	21516	0641	SHIRLEY		4ERING	726	MD WATE INTERVAL DINSET AND DEATH
ups, 201 W. PRESTON ST., BAU quires that the death certificate signed by the attending physici hen please remove carbonpoper to burial, are motion, ar removal. hiptry, or other traumatic event, th	NC	PART 1. DEATH WAS CAUS 5789 IMMEDI. Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUENCE ON TRIBUTING TO	blen UENCE OF		MINAL DISEASE	OR CONDITION G	IVEN IN PART NO	
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ON OF VI	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	EATH HOUR A ER) P 21e. PLACE	M. MONTH I	19	21c. HOW INJURY OCCU		CITY OR TOWN	8 PART 1 OR PART 2)	STATE
S a second	WE	WHILE AT WORK AT WORK 220. I certify that (1) (this has sow the deceased oliver	pital) attended 11	19	3/	d that in (my) (our) apinio		13	. 1983	that (1) (we) last
OR AT bolked finem of them of them of		obove (I)(we) (did) (did 22b. SIGNATURE	nun	ofter death.	p	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATE 2/4	SIGNED
TO HOSPITAL TO FUNERAL should be deto with the Store	25	22d PHYSICIAN SINAME ITYP	ROU		NIAME OF O	Rosville EMETERY OF CREMATORY		r Care	Balk	0. 2/237
BP	L	BURIAL, CREMATION, REMOVI (SPECIFY) BURIAL UNERAL DIRECTOR		83 6	FARDER	15 OF FAITI	N CITY O	GISTRAR 256 REG	COUNTY M	URE STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	J.	G. CONNEL	44	300	MAC	FF	FR 91	983 8	an 20	34:16



H	FOR STATE REGISTRAR			IT OF HEALTH AND ERTIFICATE OF		IENE 8 3	o. U .) 4	0 4		
X	1. DECEASED NAME	FIRST	AIDDLE	LAST			MONTH DAY	YEAR 2	b. HOUR		
1 0 to X	(TYPE OR PRINT) Myr	AXXXX	XXXXX	Judd			02 92		1:08 Pm		
2 47	3. SEX	4 RACE	5.	DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF U		FUNDER 24 HRS		
5 55 150	Female	White		May 4	1928	54	YRS.		Mild.		
(A) 35	To. BIRTHPLACE (STATE OR F	U. S. A	Α	MARRIEN NEVER	R MARRIED -	BALTIMORE CITY O		DEATH	MD.		
W56	TOWSON	(IF NOT IN SUC	HOSPITAL, NURSING I H FACILITY, GIVE STREET ADD R BALTO. M	RESS)		12a: USUAL OCCUPAT (Type of work for most of Bookkeeper	OF WORKING LIFE)	NDUSTRY	BUSINESS OR		
ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours a catending physicion. When this certificate has been signed by the attending physician and completely littled in the ost the burial-transit permit. Then please remove carbonadgen. Pages I and 2 though be this hand Amatal Hygiene prior to burial, cremation, or removed and Amatal Hygiene prior to burial, cremation, or any or after thoumatic event, the medical expansion are accepted.	USUAL RESIDENCE (# NURS 138. STATE Maryland	ng home or other institution, 13b. COUNTY Baltimore		MISSION)		9222 Sat		21	234		
ed within	Hiatt	MIDDLE	Gaston		R'S MAIDEN NAA NY ERST	AE MIDDLE	Si	nclair			
8 9 8 7	160. WAS DECEASED EVER		166 SOCIAL SECURIT	Y NO. 17 INFORA	MANT	ADDRI	ESS		1000		
Pog med	NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	218-28-951	.0 Jame	es E. Jud	dd, 700 Was	hington	Place	21201		
Ficate t physicio popertienties popertienties	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one couse per AS CAUSED BY:	line for (o), (b), and (c	UPPER;	LOBE PN	UEMONIA		APPROXIMA BETWEEN ONS	SET AND DEATH		
B 200 2 3	1991	IMMEDIATE CAUSE (o)			LODE II	10 21 10 11 17			N a T		
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that the death of d by the attender leose remove card iol, cremotion, or or ather troumati	Conditions, if ony, gave rise to imm couse (a), stofin	nediote	R AS A CONSEQUENCE		CARCINON	IA.	1000				
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quires signe fhen p to bur njury,		NIFICANT CONDITIONS CO	ONTRIBUTING TO DEA	TH BUT NOT RELATE	ED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN I	N PART Ita			
no. nos been permit. ne prior ws ony i	210. ACCIDENT WAS UND	TION 19b. CONDI	TION FOR WHICH OP	ERATION WAS PERF	ORMED	20a AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	G CAUSES OF	S USED F DEATH?		
The I ite hos nsit per ygiene shows	21g. ACCIDENT WAS UND	DERLYING 1216. TIME O	F IN ILIPY	In HOW	IN ILIPY OCCUPE	ED (ENTER NATURE OF INJU	_		NO L		
PHYSICIAN: ending physic this certifical this certifical tron of Mental Hy, do r them 18 s		CAUSE OF DEATH HOUR A.	M. MONTH DAY	YEAR	WYJORY OCCORR	ED (ENTER NATURE OF INJU	RTIN IIEM IB PART	OR PART 2)			
G PHYS of the but ond Me ked or I	OR CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF COURT OF COURT OF CONTRIBUTING OF CONTRIBUT	ILE AT HOME, STR	EET, FACTORY, OFFICE, FARM		TION EET	CITY OR TO)WN	COUNTY	STATE		
TTENDING Population or attention or attention or attention or attention of Health and 21 is marked	22a. I certify that (1) sow the decease	(this hospital) attended the		12/22 , and that in (m		, to	ote and hour an		at (I) (we) last		
AT AT SECT OF	above, (I) (we) (c	(did nat) view the bady	after death.	DEGREE				22c. DATE SIG			
Y the hor A SAL DIRECT DIRECT OF DEPT. OF DEPT.	Soft.	Hit.	m.D.		ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF CIAN		-2-83		
O HOSPITAL OR A etained by the hos TO FUNERAL DIREC should be detached with the Stote Dept.	DR. ST	EVEN HIRSH	ORN	Great		o Med. Cent	er 670	1 N. c			
5 € 5 € § ₹	23a. BURIAL, CREMATION,	REMOVAL 23b. DATE	23c. NAA	ME OF CEMETERY OF	R CREMATORY	23d. LOCATION			51 2120		
8P	Burial	2-5-83	Drui	id Ridge C	Cemeterv	Pikesvil	le , Bal	Itimore	e, Md.		
	24. FUNERAL DIRECTOR				25n DATE	REC'D. BY REGISTRAR					
DHMH - 16 50M 4/B2 (VRA 15, 4)	Ruck Towson 1	Tuneral Homo		050 York R		EB 71983	John	~ X la	racely		
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RIGHT UPPER; LOBE PRUEMONIA DR. STEVEN HIRSHORN

- 6	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF	E OF MARYLAND IEALTH AND MENT ICATE OF DEAT		NE 8 3	0.	3 2	8 3
m.e		CEASED NAME	FIRST		WIDOLE		AST	20	O. DATE OF DEATH		DAY YEAR	26. HOUR
90			SIMO				BIK		February			9 A.M _M
M	3. SE.	X MALE		WHITE		5. DATE O	30, 100		AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.
497		RTHPLACE (STATE OR I	OREIGN	USA	WHAT COUNT	RY? 8. MARRIE WIDOWI	D X NEVER MARR	HED 'L	BALT II		COUNTY	MD.
oy the fulled with	E	TY OR TOWN OF DEA		7938 DU	CHEACILTY GIVE ST		CIR., APT		TAI LOR	ON DE WORKING	12b. KIND C INDUSTRY CL(OTHING
filled in to ould be f	130. S	AL RESIDENCE (IF NURS STATE IARY LAND	136 COUN BALT	OTHER INSTITUTION TY O.	BALTIN	FORE ADMISSION)	13d INSIDE CITY II	MITS? 13	938 DUNHII	APT LL V	. 203 ILLAGE C	IR. 2120
2 AE 20	14. FA	NATHAN	٨	AIDDLE	KABÎ	ζ	15 MOTHER'S MAI	ESSIE	MIDDLE		UNKNO	ÖWN
Poges 1 one	16a V	VAS DECEASED EVER		MED FORCES? WAR OR DATES)	16b SOCIALS 216-07	7-5023			DAISY KAB		APT. 20. #21207	5
is been signed by the otte ermit. Then please remove e prior to burial, cremation is any injury, or other traur	CERTIFICATION	Conditions, if ony, gove rise to immocouse (10), stotim underlying couse PART 2 OTHER SIGN 190. DATE OF OPERA	nediate g the lost	(c)ONDITIONS <u>C</u>		TO DEATH BUT	NOT RELATED TO T		AL DISEASE OR CON	20b. IF '	GIVEN IN PART III	NGS USED
certificate has rial-transit per ental Hygiene Item 18 shows		210. ACCIDENT WAS UND	AUSE OF DEAT	n	.M. MONTH		21c HOW INJURY	OCCURRED	YES NO	RY IN ITEM I	YES []	но 🗍
After this certified on the burial-	MEDICAL	214. IN JURY OCCURI	RED	21e. PLACE	OF INJURY REET, FACTORY, OFF	ICE, FARM ETC.)	21f LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
FUNERAL DIRECTOR: und be deteched for us the Stote Dept. of He ORTANT: If Hem 21 is		270.1 certify that (1) sow the decease obove, (1) (20) (2 2726 SIGNATURE 2726 PHYSICIAN'S NA STANLEY	(this hospited olive on did (did not	view the body	11/82		DEGREE ATTEN	DING CICIAN [medical STA DIRECTOR PHYSIC	FF IAN []	22c. DATE 2	
P		BURIAL, CREMATION,	REMOVAL	236. DATE FEB. 24		BETH T	EMETERY OR CREM	MATORY	BALTIMOR	E	COUNTY	MARYLAN
MH - 16 50M 4/B2 (VRA 15, 4)	24 FI	OTO REIS	SOL I	LEVINSO DWN RD.	N & BRO BALTO.	S. INC. MD 2	1215	MAR MAR	1 1983	Sa	ISTRAR'S SIGNAT	aniel .



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(VRA 15, 4)

WILLIAM J KAIN 2 05 85 6:25AM

M W OL 26 06 76

BAUTIMORE COUNTY

TOWSON, MD. GEMC-6701 N. CHARLES ST.

CARDIORESEISATORY ARREST

ELECTROMECHANICAL DISCOCIATION

12/27 82 2/05 83 XX X XXX 2/04 83 .: 2/05/63 DR ANITA PATT GBMC 6701 N CHARLES ST, TOVSON NO - STATE

(VRA 15, 4)

REGISTRAR

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker INDUSTRY 13. STREET ADDRESS 1217 Linkside Drive Witmer ADDRESS same as #13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IT 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES 🗔 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OF TOWN _____, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED A PHYSICIAN DIRECTOR PHYSICIAN St. Joseph's Hospital Burial Brooklyn, Maryland 2-17-83 Holy Cross 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. PER ISTRAR'S SIGNATURE 1050 York Rd. DHMH - 16 50M 4/82 Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

2b. HOUR

IF UNDER 24 HRS

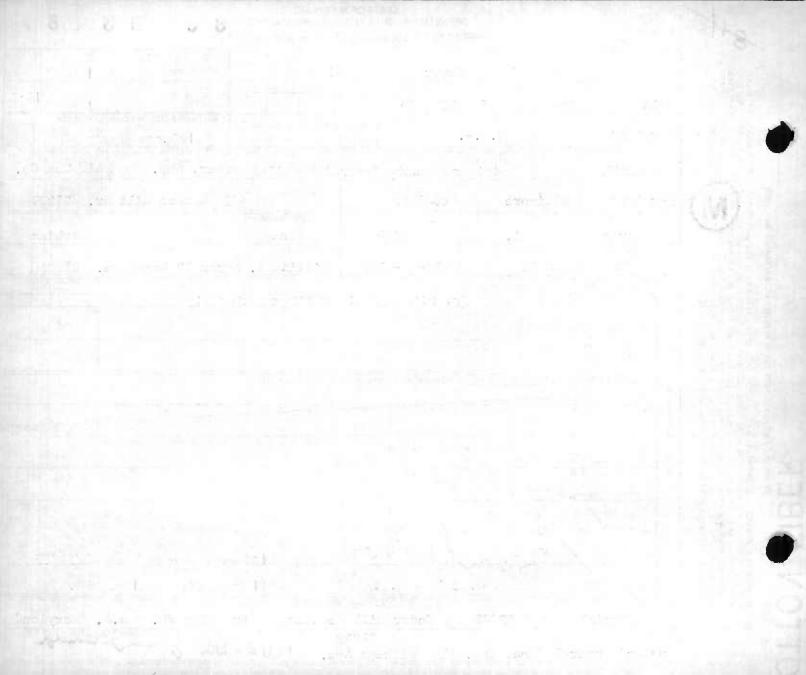
IF UNDER 1 YEAR

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20M 4/82

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH TYPE OR PRINTE John Kelly Henry February 19, 1983 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) Male White January 31, 1896 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA awrence. Mass. Baltimore County, WIDOWED X NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OFBOSTA OR Cockeysville 10828 Sandringham Rd. Letter Carrier Civil Service Cockeysville (21030) 130. STATE 136 COUNTY Maryland Baltimore Cockeysville 10828 Sandringham Road. FATHER'S NAME Kellv Samuel Unknown by the Informant ADDRESS Cockeysville 21030 ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Daughter: (IF YES, GIVE WAR OR DATES) 030-32-5513 Judith Mulloney 10828 Sandringham Rd. wwYes 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and ich APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ASCD IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF COPD Canditions, if any, which couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOI 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET, FACTORY OFFICE FARM, ETC.) STREET COUNTY STATE NOT WHILE 270.1 certify that (I) (this haspiral) attended the deceased from .19. 82___ and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated saw the deceased alive an 226. SIGNATURE M.D. DEGREE 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 50M 1/81 (VRA 15, 4)

22d PHYSICIAN'S NAME (TYPE OF

23b. DATE

2/24/83

230. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR Lemmon-Mitchell-Wiedefeld, Inc. 10 W. Padonia FEB

73c NAME OF CEMETERY OR CREMATORY

Evergreen Cemetery

Brighton, Suffolk Co., Mass.

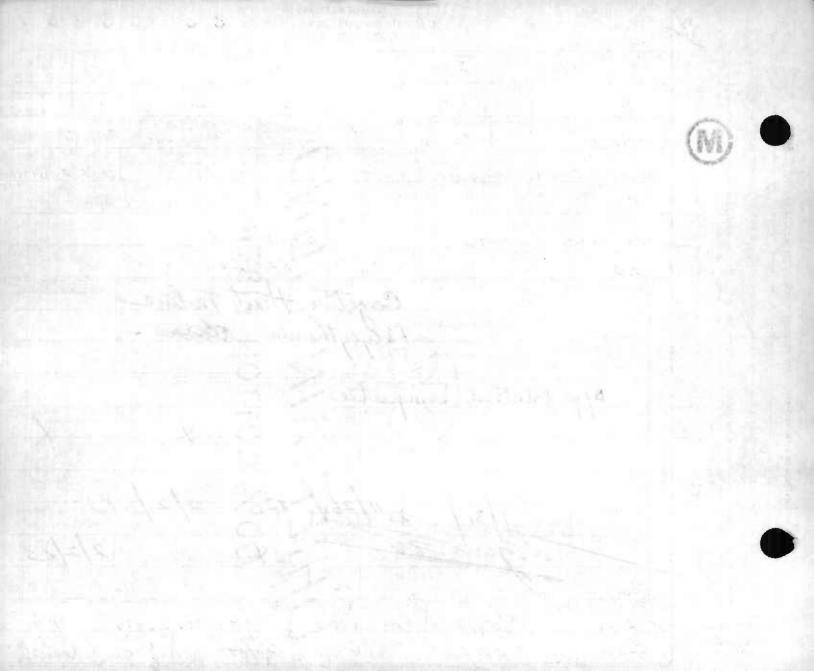
6701 N. CHAMILES ST, BALTO, MO.

23d. LOCATION

1 3 house 9 16, 1 3 = 250 Period 21 17 Peline February Communication 20 1 1991 military and Legis of althous caseystic at 1972 serent man cases at 2 and 1972 and 1972 at 2 and 19 (CCC) Servere The - A The Country of the second

(VRA 15, 4)

STATE OF MARYLAND



IV	FOR	DEP	STATE OF MAKTLAND ARTMENT OF HEALTH AND MENT	AL HYGIENE H 3	0 3 2 9 0
'	- STATE REGISTRAR		CERTIFICATE OF DEAT		
	1. DECEASED NAME	FIRST MIDDLE	LAST	20. DATE OF DEATH MONTH	H DAY YEAR 26. HOUR
moy be poge 3 er deoth		thecine A	Kocc	02	02 82 700 Am
pog er de	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
ge 4	Female	White	10 30 9°	<i>y</i> 87	YRS. HOURS MIN.
6 10	BIRTHPLACE (STATE OR FOR		TRY? 8. MARRIED NEVER MARRI	BALTIMORE CITY OR CO	UNTY OF DEATH
death. Page	England	U.S.A.	WIDOWED DIVORCE		County MD.
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	ON 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWITE	126 KIND OF BUSINESS OR KING LIFE) INDUSTRY
S 2	Parkville	Perrina Yarku	by Nursing Home	Housewire	
ND 212	130 STATE Maryland	3 HOME OR OTHER INSTITUTION GIVE RESIDENCE I 3b. COUNTY 13c. CITY OR Balt:	TOWN 13d. INSIDE CITY LIN	3449 WOODSTO	ck Ave
YLA THIN	14. FATHER'S NAME		15. MOTHER'S MAIL		
MARYLAND ed within 24 mpletely fille ond 2 should	Henru	Murphy LAST	Rose	Ann	Murphy
	160 WAS DECEASED EVER IN	U.S. ARMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	
ore be execu	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	4-4967 Mrs Ro	se M Hart 14 Tr	eeway Ct 21204
BALTI icote b bysiciol ovol. int, the		(Enter only one couse per line for 10), (b		5 11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., B	PART I. DEATH WAS	S CAUSEÓ BY:	1. H. Cenebo	R/ Homon7	uge 4425-
on sing corba	4340	0	EQUENCE OF . 2		0
deoth deoth others out on orders out	Conditions, if ony, v	1	repral Hr	eteri65 chero	515 -
PREST	gove rise to imme couse (o), stoting		EQUIENCE OF A	/ D	
1 W. by the by the series of t	underlying couse	lost.	F/) C	UD	
oires ti vires ti signed en ples o burto ury, or		ICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDITIO	N GIVEN IN PART I to
RDS	O.				
RECORDS.	190 DATE OF OPERATION TO THE PROPERTY OF THE P	ON 196. CONDITION FOR WI	HICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
Al Al Al	T T			YES NO	YES NO
DIVISION OF VITAL ING PHYSICIAN: The contending physicion wher this certifical os the buriol-train th and Mental Hyginian arked or item 18 she orked or item 18 she	OR CONTRIBUTING CAL		DAY YEAR 216 HOW INJURY	OCCURRED (ENTER NATURE OF INJURY IN IT	EM 16 PART (OR PART 2)
YSICIAN: TYSICIAN: S certifico Souriol-trot Mental Hy	(IF EITHER, NOTIFY MEDICAL	EXAMINER) P.M.	19		
PHY tendii the bu	21d INJURY OCCURRE	LAT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
DIVI or off After anarke	AT WORK AT WORK		4/10/	70 9%	7/83
TEND option of TOR: A TOR: A for use of Heol		his hospital) attended the deceased fr	(1-	10 4/	that (I) (we) lost
		d) did not view the body after death.	0 2	opinion death occurred on the date on	
OR A DIRECTOR A DIRECTOR OCHECTOR THE HEM	226. SIGNATURE	- + 1º DMI	DEGREE ATTEN	DING MEDICAL STAFF	221. DATE SIGNED
A AL AL	MAN	ry I www		DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN [1 2/2/03
O HOSPITAL eforned by the TO FUNERAL should be det with the Stote	FJAITHON A	14 F CARO	979 1801 My	entlyouth Rd	Balto md 21239
0 € 5 € § ₹	230. BURIAL, CREMATION, RE	MOVAL 236. DATE	23c. NAME OF CEMETERY OR CREM	ATORY 23d LOCATION	COUNTY STATE
183/BP	Burial	2/5/83	Holy Redeemer	Baltimore,	, Maryland
DHMH - 16 50M 4/82	24 FUNERAL DIRECTOR	ADDR		250 DATE REC'D. BY REGISTRAR 256	GISTRAR'S SIGNATURE
(VRA 15, 4)		Ruck Inc. Baltimo		FEB 3 1983	my while

CVP - LEVEL Handling Comme Exercise of marganities FEB 18 1932 Fair Secretary

The state of the s

FOR STATE REGISTRAR	D	STATE OF MARY EPARTMENT OF HEALTH AN CERTIFICATE O	D MENTAL HYGIENE	REG. NO.	0 3 2 9 2		
. DECEASED NAME FIRST	MIDDLE	LAST	2a. DATE	OF DEATH MONTH	DAY YEAR 26 HOUR		
	garet A.	King		2	6 83 6:15 ^d		
Female	4. RACE White	S DATE OF BIRTH	Ő2 8:	IR.			
Balto. MD	76. CITIZEN OF WHAT COL	MARRIED NEVE	R MARRIED	morecity <u>or</u> coun Itimore Cou			
Cockeysville	Broadmead		NSTITUTION 12a USU	ALOCCUPATION WORK FOR MOST OF WORKING COPETARY	126. KIND OF BUSINESS OR		
JSUAL RESIDENCE (IF NURSING HOME OF BOLL) Maryland		ltimore YES [X	CITY LIMITS? 130. STRE	ET ADDRESS	sity Pkwy.21218		
4 FATHER'S NAME George	W. K	ing .	Bessie	MIDDLE	Lông		
66 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI		01-1503 Fred	mant derick S. K	ADDRESS	salto., MD		
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A COL	MIC OBSTRU	ARYTHMIA DO THE TERMINAL DISE	A			
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION WAS PER	FORMED 204 A	INCER	IN CERTIFYING CAUSES OF DEATH?		
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK IN NOR WHILE AT WORK		19 21f LOCA	INJURY OCCURRED (ENTE	R NATURE OF INJURY IN ITEM	18 PART I OR PART 2) COUNTY STATE		
22a. I certify that (I) (this hasp	of view the body offer death		, 19 <u></u>	erred on the date and h	, 19.8.3 , that (I) (we) lost hour and from the couses stated		
220 PHYSICIAN'S NAME (TYPE	N Hymn	LA TOO 220. ADDR		AL STAFF OR PHYSICIAN	2/7/83		
Dr. Walter		M.D. Bro	admead, Ba	alto. Co.,	MD		
30. BURIAL, CREMATION, REMOVAI (SPECIFY) Burial	2/9/83	23c. NAME OF CEMETERY O		OCATION CITY OR TOWN Pikesville	COUNTY STATE		
FUNERAL DIRECTOR HAD	2/3/00	I Drata Ktaa		TIVE 21 III	-MD		

21212

DHMH - 16 50M 1/81 (VRA 15, 4)

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	100	REGISTRAR							RE	G. NO.				
1		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEAT	H MONTH	DAY	YEAR	26 HO	JR5
	(IIII)	ORPRINI	SUSIE	В		KI	NG		30.00	02	12	83	7 -	D. M
q	1. SEX			4 RACE		5. DATE C	F BIRTH	Carrie	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	
ı	1	FEMALE		WHI'	TE	05	05	1900		82 YRS	MONTHS	DAYS	HOURS	MIN.
1		RTHPLACE (STATE C	OR FOREIGN		WHAT COUNTRY?				9. BALTIMORE CI			ATH		
9	P. C	OUNTRY)		II C	Α.			MARRIED 🛣	DAITIM	DE COI	עידיעו			-
4		RTH CAROL		U.S	HOSPITAL, NURSI	WIDOWE NG HOME C		NORCED	BALT IMO			KIND O	E RUSIN	MD.
4				(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)			TYPE OF WORK FOR M	OST OF WORKING	GLIFE) INC	USTRY		
/		ATONSVILL			N CATONS		NURS.	CTR.	SECRETA	ARY	11	NSUR	ANG	<u>s</u>
ú		TATE	13b. COUN		13. CITY OR TOW		134 INSIDE	CITY LIMITS?	13e STREET ADDR			55,000	5255BI	
3	_	ARYLAND	BALT	IMORE	CATONS	VILLE	VES 🗌	NO X	225 RID	GEWAY I	ROAD,	212	28	
u	14. FA	THER'S NAME		MIDDIE	LAST		13. MOTHER	S MAIDEN NAM	ME	14		TABL		
ď)	CHARLES		E.	KING			JULIA	Α.			HUTC	HIN	SON
٦		AS DECEASED EVE			166 SOCIAL SECU	URITY NO.	17. INFORM	ANT	A	DDRESS			2122	28
	. (4	NO OF LINKHOWN	19.183-GIV	E WAR DRIDATES)	212-09	-2783	MARGI	JERITE K	. CARRICI	225	RIDG	EWAY	RO	AD
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	10	PART I. DEATH	WAS CAUSE	D BY		. 0.	1	1	1			EL PHILE PLO	HORT. ACK	LNEGILL
1	100	1150	IMMEDIA)	TE CAUSE (a)	2	na	ac	avie	ed .					
1		701	1	DUE TO, 9	R AS A CONSEQU	HENCEPO .	1.	CIA	1		1			
		Conditions, if or		161	every	selay	dec	CVD	, adv	once	d		-	
1	10	couse (a), that	ting the	DUE TO, O	R AS A CONSEQU	ENCE OF		/						
	4	underlying cau	the fresh	((e)_	William State of the Control	and the same								
1		PART 2. OTHER SIL	GNIFICANT (ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D-TO THE TERM	INAL DISEASE OR	CONDITION	SIVEN IN	ART In		
	CERTIFICATION													
	CAT	19s DATE OF OPER	MOITA	INF COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	78s AUTOPSY	706. IF	YES, WERE			
	臣	F1156-1-30							YES - NO	0	YES 🗍	.rigaca	NO [
=	8	21s. ACCIDENT WAS U	HORRITHO [Sue In	21c HOW	NJURY OCCURE	ED. (ENTER HATLING)	METURE PROFESSION	8. 89RT T DR	PART 2).	1160	100
r.	11.55	OR CONTRIBUTING		N/A	M. MONTH D	AY YEAR	350							
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		22s.I certify that	V-14-4	D-model i	W. 111-	1	110	10 85	7	2 /12	- 10 5	3	And the second	0
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1	100		die Ndid no	is view the Bady	ofterBeath.	7	_	2		4		DATE	1	-
		THE SIGNATURE	110	7/ //	1 /X	,	GEGREE	ATTENDING V	MEDICAL	STAFF	"	5/1	4/9	82
		Alla	VEX/	X //	nella	0/	11		MEDICAL DIRECTOR P	HYSICIAN [0	4/1	7/6	11
ï		77 PHYSICIANS	NAME INFO	approx (72+ ADDRE	55 /	1			1	1	
1		HERBERT	J. LEY	TICKAS.	M.D.		5404	EAST DR	IVE, 212	27				
		URIAL CREMATION				NAME OF C		CREMATORY	734 LOCATION				7	
	20008	MOVAL/BUE		02-17	-83 3	REERSH	EBA CE	METERY	CIT 0410)	N*14	Y	ORK	S	C.
		INERAL DIRECTOR			MARYLAND	Junon	2122	the same of the sa	E REC'D. BY REGIS	RAR REG			-	-
		BBARD FUN	DITT			TITTVEN		Irrn	151983	Jole	2	Case	is la	
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(VRA 15, 4)

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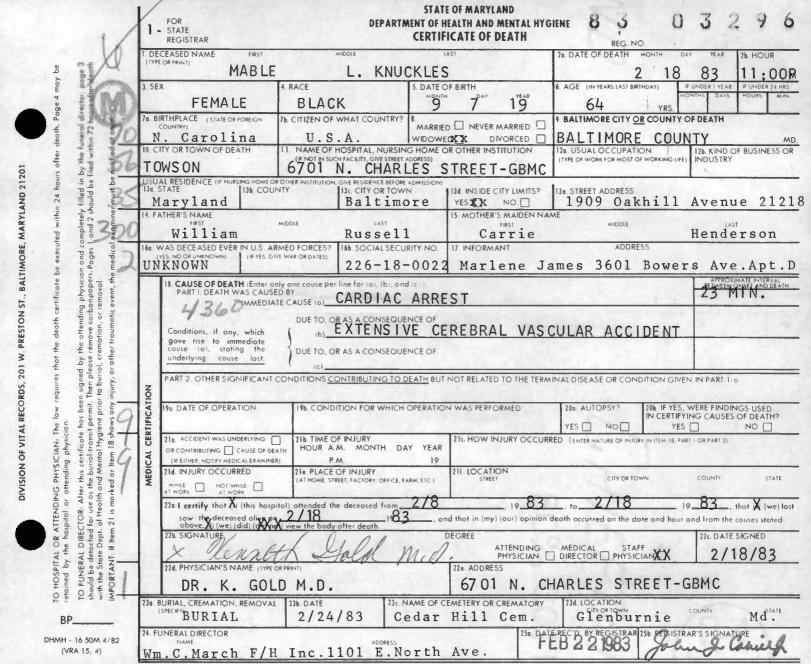
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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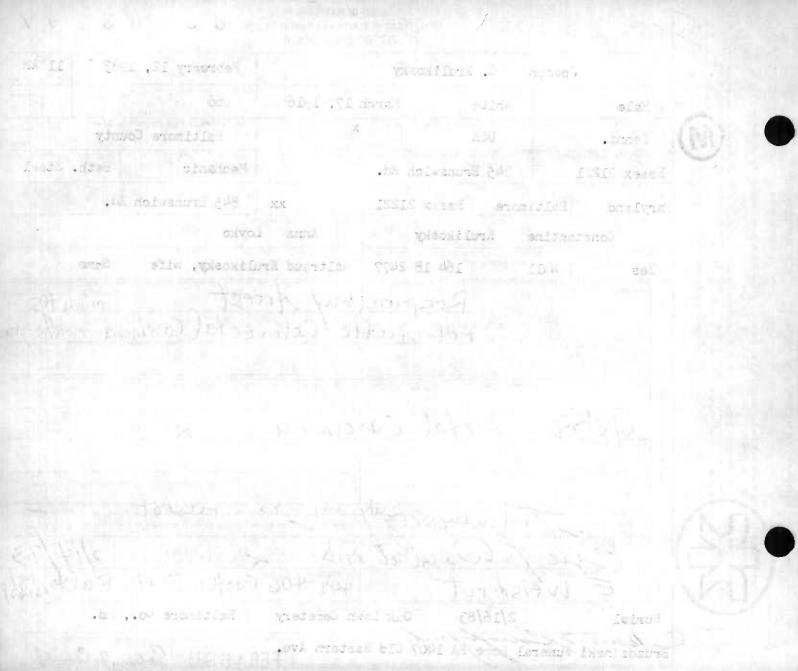
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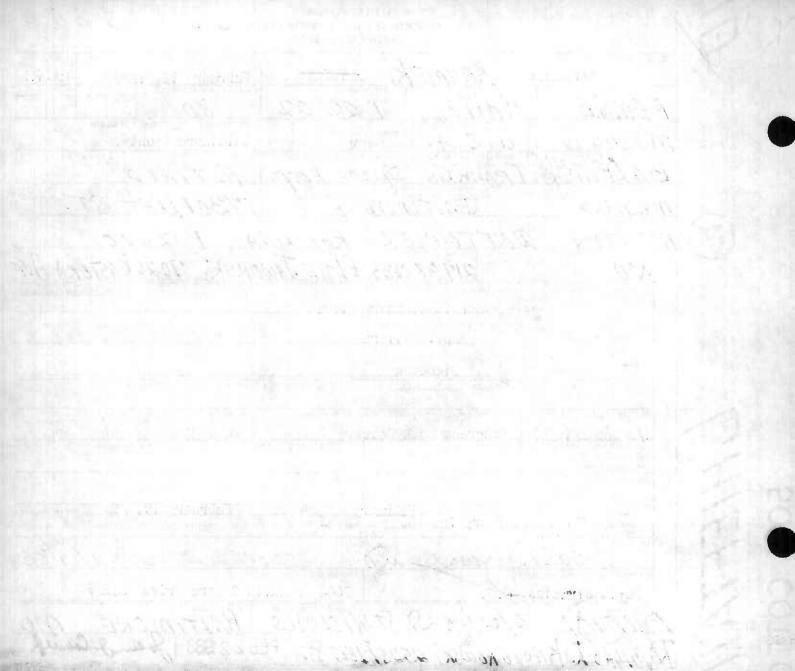


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Bruzdzinski Tuneral Home PA 1407 Old Eastern Ave.

DHMH - 16 50M 4/B2 (VRA 15, 4) STATE OF MARYLAND





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

)		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	O.		
		CEASED NAME OR PRINT)	Theodore	P. KC	RNICK	AST	Pebruary			3:15 P
	3. SE	Male	4. RACE White		5. DATE C	y 23°, 190°2°	6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
25	(RTHPLACE STATE OR F COUNTRY) Maryland	U.S.		WIDOWE		Baltimore city o			WE
57	E	TY OR TOWN OF DEA SSEX	Frankl:	ch Facility, GIVE STREET.	Hospi	DR OTHER INSTITUTION	120 USUAL OCCUPATION CONTINUES OF WORK FOR WOST OF		12b. KIND O	of Business or red
35	13a S	aryland	ng home or other institution 13b. COUNTY Baltimore	136. CITY OR TOW Rosedale	N	13d. INSIDE CITY LIMITS? YES NO 🛣	13e. SIREET ADDRESS 5 Damian	Court	2123	37
30		THER'S NAME FIRST Herman	MIDDLE	Kornick		15. MOTHER'S MAIDEN NA/ Clara	WIDDLE		Barth	л
		VAS DECEASED EVER res, no or unknown) No	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	215-05-		Mrs Marcel	ADDRE Le C Kornic		Same	MATE INTERVAL
		Canditions, if any, gave rise to imm cause (a), statin underlying cause	mediate (a)	DR AS A CONSEQUE	NYOCA Y	rdial infarcti				
2	CERTIFICATION	19a. DATE OF OPERAT	TION 196 COND	11.34		NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NOXX	20b. IF YES, 1	WERE FINDIN	NGS USED
7	MEDICAL CE	21a, ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH HOUR A	.M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PAR	T I OR PART 2)	
	MED	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F.		21f LOCATION STREET	CITY OR TO		COUNTY	STATE
		saw the decease abave, (V(we) (d	(this haspital) attended the dalive on February (id) (all har) view the bady	1rV 1 19	83_, ar	nd that in (n/x) (aur) opinion o	death accurred an the do	, 13	and from the	
		226 SIGNATURE	David	H. Min		MD ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	SIGNED
4		22d PHYSICIAN'S NA		νiD		22e. ADDRESS	lin Square (n 21	237	

DHMH - 16 50M 4/82 (VRA 15, 4)

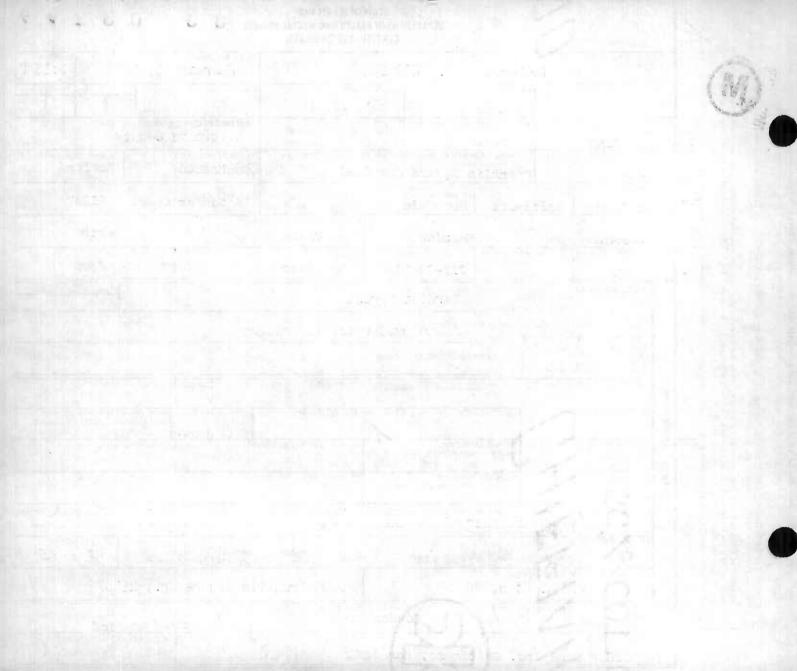
24. FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

23d. BURIAL, CREMATION, REMOVAL (SPECIFY) Entombment 236 DATE 2/4/83 23. NAME OF CEMETERY OR CREMATORY Loudon Park

23d LOCATION
CHYOR TOWN
Baltimore, Maryland

STATE

250. DATE REC'D. BY REGISTRAR 250-REGISTRAR'S SIGNATURE. FEB 2 1983 John S. Cohn



	of he	se death
4	(P	9)
10	s offer de	by the fleed
LAND 212	nin 24 hour	ly filled in I should be f
RE, MARY	recuted with	d complete
., BALTIMO	ficote be ex	physicion or popers. Pog novol.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corbon-popers. Pages I and 2 should be filled within 72 months the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.
201 W. PF	es that the	ned by the please rem uriof, cremo
RECORDS	low requi	os been sig bermit. Ther he prior to b
OF VITAL	ICIAN: The	inf-tronsit printed Hygier
DIVISION	OING PHYS	After this c e os the bur olth and Me
	TO HOSPITAL OR ATTENDING PHYSICIAN: The leformed by the hospital or attending physician.	ched for usi
	OSPITAL C	UNERAL E
	O H etoin	Shoul with

injury, or other troumotic event, the medical

IMPORTANT: If Item 21 is morked or Item 18 shows ony

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTA
STATE	CEDTIFICATE OF DEATH

L HYGIEN

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	(9.31)	DEC NO					

1	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
	CEASED NAME	FIRST		AIDDLE	Į.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
	Ruc	tolf K	ratzmei	ier			Feb. 2,	1983		M
3 SE	X	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY	MONTHS DAYS	
Иa	le		White		July	6, DAY 1904 YEAR	78	YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF V	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY		TY OF DEATH	
2	rmanv		USA		WIDOWE		Raltimor	- Can		MD.
	ITY OR TOWN OF DEA	TH 11			ING HOME C	NOTHER INSTITUTION	12a USUAL OCCUPA	TION	T26. KIND	OF BUSINESS OR
11	owson			ar Hill		re .	Machinis			C&S
13a	AL RESIDENCE (IF NURSI	136 COUNT		13c. CITY OR TOV		13d INSIDE CITY LIMITS?	13e. STREET ADDRES	S	?	123/1
Ma	ryland	Balt	0.			YES NOV	7915 Oak	dale	Avenue	16.54
4 F	ATHER'S NAME	AA II	DDIE	LAST		15. MOTHER'S MAIDEN NA				100
	Rudolf Kra			1431		Elizabeth	WIDDLE		LA	ST
6a \	WAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADD	RESS		
n	YES, NO OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES)	212.09	7829	family				
	, , ,		DUE TO, OR	AS A CONSEOL	JENCE OF.		1.			2
ICATION	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT	lediote g the lost.	DUE TO, OR (c) NDITIONS CO	MCta RAS A CONSEOL PINTRIBUTING TO	STATI	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART 1:	NGS USED
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AL CERTIFICATION	gove rise to imm couse (o), stoting underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UNDO OR CONTRIBUTING C.	INFICANT CO	DUE TO, OR (c) NDITIONS CO 196 CONDITIONS 216 TIME OF HOUR A.A.	MC+A PAS A CONSEQUENT FOR WHICH TION FOR WHICH TINJURY A. MONTH D	STATION DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	20b. IF YE	ES, WERE FINDI	NGS USED S OF DEATH?
	gove rise to imm couse (o), stoting underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UND	INFICANT CO	DUE TO, OR (c) NDITIONS CO	MC+A R AS A CONSEQUENTRIBUTING TO TION FOR WHICE FINJURY A. MONTH D	STATION	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CO	20b. IF YE IN CERT Y JURY IN ITEM 1B	ES, WERE FINDI IFYING CAUSES (ES	NGS USED S OF DEATH? NO
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MEDICAL	gove rise to imm couse (o), stoting underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UNDOOR CONTRIBUTING C. (IF ETHER NOTIFY MEDIC 21d. IN JURY OCCURR WHILE NOTIFY MEDIC 22a.1 certify that (1) saw_the decease.	IFICANT CO ION ERLYING AUSE OF DEATH AL EXAMINER) ED LIE CORD LIE CORD	DUE TO, OR (c) NDITIONS CO 19h CONDITIONS 21h TIME OF HOUR A.A. P.A. 21e PLACE C (AT HOME STRE	AS A CONSEQUENTRIBUTING TO	JENCE OF DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE 21f. LOCATION STREET 19 d that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	INAL DISEASE OR CO 200 AUTOPSY? YES NO CITY OR CITY OR 10 MEDICAL ST	206. IF YE IN CERT Y JURY IN ITEM IB TOWN dote and ha	ES, WERE FINDI IFYING CAUSES (ES) PART 1 OR PART 2) COUNTY Jun and from the	NGS USED S OF DEATH? NO STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

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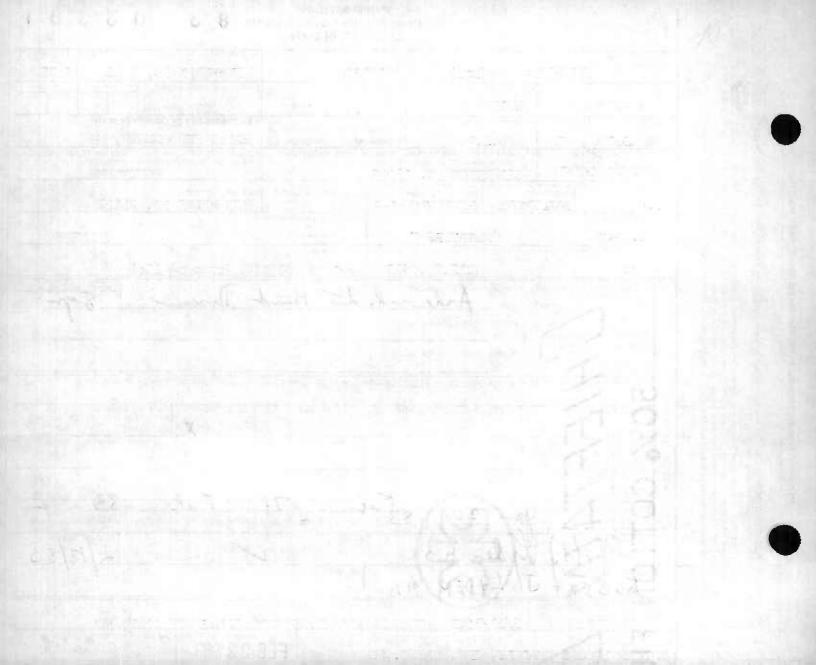
24 FUNERAL DIRECTOR Evans Funeral Chapel 8800 Harford Road FFB 9 1983 FEB

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Plage Limpy by reclaimed by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral data should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumptic event, the medical examiner must be notified of once.	1.	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3	0 3 3	501
			WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	26. HOUR A
7 4	(1117)	JEANETI	E (nmi)	KRECHER	FEBRUARY	18, 1983	6:25 M
A Page	3. SE	X	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
a di		FEMALE	WHITE	FEB. 2, 1896	87	YRS.	MOURS MIN.
nerol di n 72 hou	4	COUNTRY)	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF BALTIMORE	COUNTY OF DEATH	MD
er de fuithiniste de			11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	ON 126. KIND (OF BUSINESS OR
S of Both	1	MIDDLEBOROUGH	332 MILES RD.		(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY HOMEMAKER	
25 Elle 25	13a. S	STATE 136 COUP	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 332 MILES		
	1	FIRST	MCCAFFERTY	15. MOTHER'S MAIDEN NA FIRST		LA	VENS
	160 V	VAS DECEASED EVER IN U.S. AR		RITY NO. 17. INFORMANT	ADDRES	SS	ATMO
equires that the death signed by the attend fren please remove ca to burial, cremation, on jury, or other troumor njury, or other troumor	CATION	Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.			AINAL DISEASE OR COND	20b. IF YES, WERE FINDS	INGS USED
The later of the l	1 - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX FEMALE 70. BIRTHPLACE STATE OR FOREX COUNTRY) BALTTIMORE, MI 10. CITY OR TOWN OP BEATH MIDDLEBOROUGH USUAL RESIDENCE (IF NURSING H 130. STATE 130. MD 14. FATHER'S NAME FIRST COLUMBUS 160. WAS DECEASED EVER IN U (YES. NO OR UNKNOWN) IF PART 1. DEATH WAS CO CONditions, if any, whi gove rise to immedia couse (o), stoting underlying couse (o) PART 2 OTHER SIGNIFIC OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 11 WORK 210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 210. ACCIDENT WAS UNDERLYIN 210. CERTIFY THO (I) (this sow the deceosed of obove, (I) (WORD ID FT) 220. SURIAL CREMATION, REM (SPECIFY) CREMATION 24. FUNERAL DIRECTOR NAME	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	YES NOW	IN CERTIFYING CAUSES YES YES YES YES YES YES YES Y	NO [
0 - 5 0 5 41		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR 19 21f. LOCATION		September 1	
() to to to to	×	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC) STREET	CITY OR TOW	VN COUNTY	STATE
A P P P P		22a. I certify that (I) (this hospi saw the deceased alive on	ottended the deceased from	, 19 , 19 , and that in (my) (de) opinion	todeoth occurred an the date	te and hour and fram the	that (I) (we) last
or ho or hor or hor or hor or head or		776 SHGHAMARE	Ly de no	DEGREE ATTENDING PHYSICIAN [STAFI	F _ 1/	IS/83
toined by O FUNER hould be with the St		ROBERT	JI. LYDEM M	220. ADDRESS			
BP		CREMATION	23b. DATE 23c. h	NAME OF CEMETERY OR CREMATORY FIN MOUNT! CREMATOR			STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		NAME	ADLEY, INC. BALT	iec.	B 2 2 1983	REGISTRAR'S SIGNA	help



THE STATE OF THE S A FIRst tearte Httl 0881 IXX 20THEORE ... EDE ---- ROMERCEN KENNER SEE ------- 2160-005d. Moones Snice in. 1800 Tonovint mi ENTER OF STATE OF STA A SECTION OF THE PROPERTY OF T

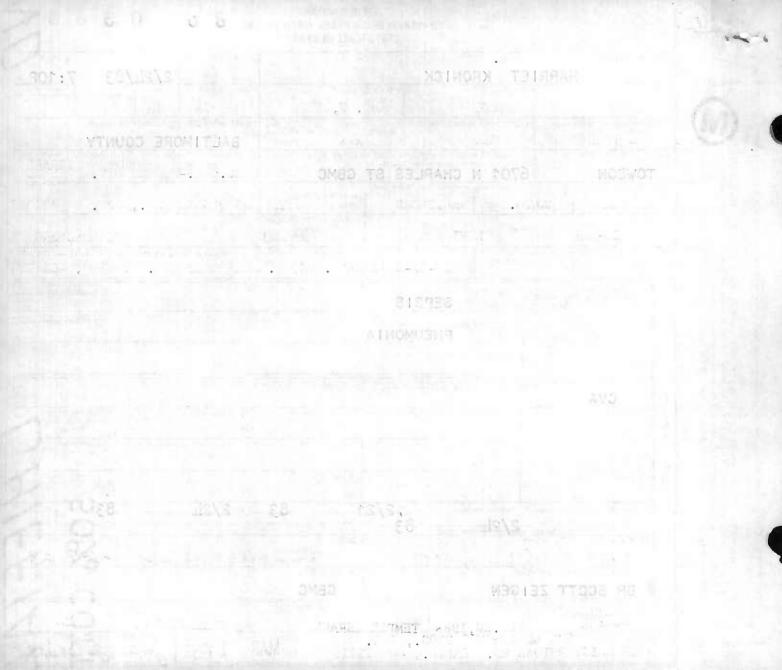
FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.				
	ECE ASED NAME	FIRST	L.	MIDDLE	1	LAST	20. DATE OF DEATH		DAY YEAR	2b. HOUR		
(14)	PE OR PRINT)	ARRI	ET KI	RONICK				2/211	/83	7.10P M		
3. SI			4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIF	(THDAY)	IF UNDER 1 YEAR			
	FEMALE	WY.	WHITE		AU(G. 7, 1906 R	76	YRS.	MONIHS DATS	HOURS MIN.		
7a. E	BIRTHPLACE (STATE OR FO	REIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY		OF DEATH			
	NEW YORK	,22	USA		WIDOWE	DIVORCED	BALTIMO	RE C	OUNTY	MD.		
10 (TOWN OF DEAT	Н	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIF	EI INDUSTRY	OF BUSINESS OR ISRAEL		
PUSI	TOWSON JAL RESIDENCE (IF NURSIN	G HOME OR	6701 N	CHARLE		GBMC	EXEC.DIR	VOMANS	DIV.	BONDS		
130.	MARY LAND	BAL	ITY	BALT I MOF	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 6600 SANZO) RD.,	APT.	B #21208		
14 F	TSRAEL		MIDDLE	EVINSÔN		15. MOTHER'S MAIDEN NA/ FIRST RACHE L			SCHLO	SSBERG		
16a	WAS DECEASED EVER IN			166 SOCIAL SECU	RITY NO.	17 INFORMANT ARN	OLD FLEASOR	MANN	500 L	AFAYETTE		
	(YES NO OR UNKNOWN)	(IF YES, GIVI	E WAR OR DATES)	030-22-	5843	BLDG. 40 W.C	CHESAPEAKE A	AVE.	TOWSON	, MD21204		
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPLIED SETM											
	PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEPSIS											
	4860	4860 DUE TO, OR AS A CONSEQUENCE OF										
1	Canditions, if any,	Conditions, if any, which ((b) PNEUMONIA										
	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
	underlying cause last.											
_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
NO.	CVA											
CERTIFICATION	190 DATE OF OPERATIO	NC	196 COND	ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
RTI				5 10 10 10 10		101 11011111111111111111111111111111111	YES NO	YE		NO 🗌		
_	21a. ACCIDENT WAS UNDER	-	21b. TIME C HOUR A.	M. MONTH DA	YE AR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)			
CA	(IF EITHER, NOTIFY MEDICA			M.	19							
MEDICAL	21d INJURY OCCURRE		21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE		
	AT WORK AT WORK											
	220.1 certify that (I) (t				2/2	19.83	, to <u>2/21</u>			, that (I) (we) last		
	saw the deceased abave, (I) (we) (dia	d) (did nat) viet heady	after death.		nd that in (my) (aur) apınıan o DEGREE	death accurred an the d	ate and hav				
	226. SIGNATURE	226. SIGNATURE					MEDICAL STA	EE .	22c. DATE	ESIGNED		
	Scott F. Sellon, MO					ATTENDING PHYSICIAN	DIRECTOR PHYSIC		2/0	4/63		
	22d PHYSICIAN'S NAM	1) ()			22e ADDRESS						
1	DR SCOT		IGEN			GBMC						
230	BURIAL CREMOVARI (SPECIFY) BURIAL	MOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	TELD	COUNTY	IASS STATE		
24 /	DOKTAL	101 *	FEB 28	1,1983 TI		ISRAEL 126- DAY	GREENF					
Z4 1	FUNERAL DIRECTOR S	DCTO	EVINSON	BALTO.	INC.	21215	R REC'D. BY REGISTRAR	230. 100 IST	RAR'S SIGNA	Capiel		
	COLO KETOIE	WOID	MIN IVD.	DALIU.,	MD 4	11213	- 1300	11		- Marie		

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.



- STATE

REGISTRAR

Mr. John Wilfer, 8148 N. Boundry Rd. Balto. APPROXIMATE INTERVAL & probable Metatulis 20 Cancer 1 Breast & Cancer PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) COUNTY STATE 83, and that in (my) (aur) opinian deoth occurred an the date and haur and from the causes stated 22c. DATE SIGNED 2-24-83 DIRECTOR PHYSICIAN Old Court Rd. & Liberty Rd. Randallstown, Md Baltimore, Maryland Burial 2-28-83 Most Holy Redeemer BP. Sa DATE REC'D. BY REGISTRAR 2007 REGISTRAR'S SIGNATURES 24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md. 21204 DHMH - 16 50M 4/82 - Cahrel (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2b. HOUR

17h KIND OF BUSINESS OR

IF UNDER 1 YEAR

INDUSTRY

11:30

Roeser

3377 5 5 .a.e.t pestidati Nursland Talkindra Catoraville x 232 inclassing 21220 17779 Mental J. Letter Land V. L. Land V. Land V. L. Land V. Lan Sin-th-th-the training with the source with the source with latter. Milliant D. A dilette M. Hambillaton, M. Grant Total Total Parent California, Not Land

Auce Yours, Therefore, I.e. To so J. C. in 40.5

IOW. Padonia Rd. TimoniumMAN

Lawson,

Martin D.

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

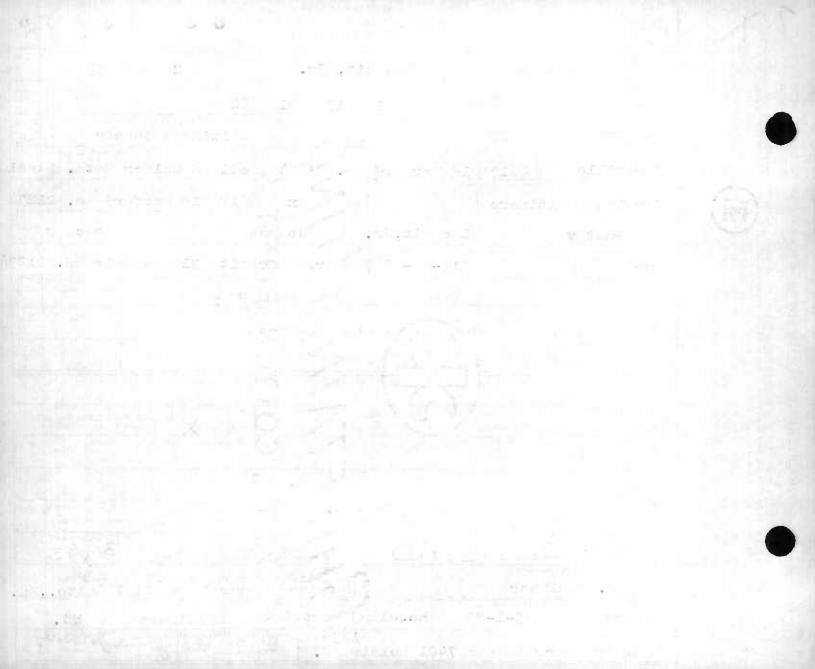
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

STATE

BENEFIT IN THE PARTY OF THE PROPERTY OF THE PARTY OF THE end of the contract of the con Signa Committee of the Signal Color, as to 30 Pure Fing Color of the Signal Color of t and the state of t TO SECOND OF THE SECOND OF THE SECOND THE DOUBLE OF THE COUNTY The Local London T. D. Leitard L. auditen. Man. Communication of the uclas exel up remain allo come members, in legal to be



	TA	TE	OF I	M/	RYL	AND	- 1
DEPARTMENT	OF	HE	ALT	H	AND	MEN	TAL

	1 -	STATE REGISTRAR				CE	RTIFICATE	OF DEATH		REG.	NO.				
		CEASED NAME	FIRST		MIDDLE		LAST		1	2a. DATE OF DEATH	MONTH	DAY	YEAR	2b HO	UR
	1	Char:	les		Lehmann	1 Lai	ayette				2	16	83	4:	30PM
	3. SE>	(4. RACE			ATE OF BIRTH			AGE (IN YEARS LAST	BIRTHDAY)	IF UNDI	ER I YEAR	IF UNDE	ER 24 HRS
		Male		Cau	. 99		9 2	3 09	R	73	YRS		DATS	HOURS	MIN.
3		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF		M	ARRIED NI	VER MARRIED DIVORCED		Balto.	OR COUN	ITY OF DE	ATH		MD
0	10 CI	Balto.	тн	5 Date	HOSPITAL, NU CLEACILITY GIVE S CCEST			R INSTITUTION		17 USUAL OCCUPA		gen to	KIND O	F BUSIN	VESS OR
5	130 S M	AL RESIDENCE (IF NURSI TATE aryland	13b. COUN Ba	ito.	GIVE RESIDENCE I			IDE CITY LIM	IS?	TSTBETEEF	est C	t. 2]	L 0 93		
0		THER'S NAME .lis FIRST	Hć	Ward	Lafaye	tte	15. MO	Lucy	NAME	Madis	on	Lel	nmahi	h	
	(Y	AS DECEASED EVER ES. NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	269-10			berta I). La	afayette	5 Da	lecre	est	Ct 2	1093
		18 CAUSE OF DEATH	H (Enter onl	y one couse per	r line lar (a), (b	oi, and ter	1						APPROXI BETWEEN	MATE INT	ERVAL ID DEATH
		PART I. DEATH W		D BY: E CAUSE (¤)	la	1	lung						10	22-	-
		1629			R AS A CONS	FOUENCE	OF			55000			- 2		
		Conditions, if any,	which	(b)		202.102				- 15-61-01					
		gave rise to imm cause (a), statin		DUETO	R AS A CONS	FOLIENCE	OF.								
		underlying couse		(c)	M AS A COINS	LOOLINCE	OI							350	
		PART 2 OTHER SIGN	NIFICANT C	ONDITIONS C	ONTRIBUTING	TO DEATH	BUT NOT RE	ATED TO THE	TERMIN	AL DISEASE OR CO	NDITION (GIVEN IN	PART 10	o .	
	o N														
3	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WI	HICH OPER	RATION WAS F	PERFORMED		20a AUTOPSY?		YES, WER			
1	E			100						YES NO	III CEN	YES [LAUSES	NO	
	CER	21g. ACCIDENT WAS UND		21b. TIME C	OF INJURY .M. MONTH	DAY	ZIC HO	W INJURY O	CCURRE	D (ENTER NATURE OF IN	JURY IN ITEM	8 PART I OR	PART 2)		
	AL	OR CONTRIBUTING C		in .	.M. MONTH	DAI	19								
	MEDICAL	21d. INJURY OCCURR			OF INJURY			CATION	N.L.	CITY OR	IOWN	co	UNTY		STATE
	×	WHILE NOT WH	ILE	(VI HOWE 21	REET, FACTORY, OF	FICE, FARM, E	(C)	SINCE				20			J.F.I.E
		220.1 certify that (1)	(this hospit			om	11.6	19	gr	, to	16	. 19 5	3	that (1)	(we) lost
		saw the decease above, (I) (we) (d	d alive on	LZ		19 82	_, and that is	(my) (our) op	oinion de	oth occurred on the	date and h	our and I	rom the	couses s	toted
	1	226. SIGNATURE	/	THE WINE COOP	1		DEGREE					22	c. DATE		
		fun	hen	E. 4	she			PHYSICI	ING IAN	MEDICAL ST	AFF		2-1	17-8	3-3
		224 PHYSICIAN'S NA	ME (TYPE O	R PRINT)			22e AD	DRESS)	
1		Dr. Frank	tlin I	Leslie			35	01 St.	Pau.	1 St.2121	8				
	23a B	URIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME	OF CEMETER	OR CREMAT	ORY	23d. LOCATION					
	Er	ntombment		2/19/	83	Dula	aney Va	11ey		Cockey	svill	e cour		Md.	STATE

DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR
Mitchell-Wiedefeld (VRA 15, 4)

6500 York Rd.

Cockeysville Dulaney Valley

Md. FEB 2 3 1983

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	Malto. Count	X	- 1		75, Just
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MPORTANT:

	STA	TE	OF M	ARYL	AND
EPARTMENT	OF	HE	ALTH	AND	MENTA

LHYGIENE

CERTIFICATE OF DEATH REG. NO LAST 2a. DATE OF DEATH DECEASED NAME MONTH 7h HOUR TYPE OR PRINTS MARY JANE LAGOMARC INO 2-26-1983 7.35PM SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 1929 Sept. 3, Female White 53 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED

To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? COUNTRY U.S.A. Towa 10. CITY OR TOWN OF DEATH

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

WIDOWED

120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Home Maker

13e. STREET ADDRESS

12b. KIND OF BUSINESS OR INDUSTRY Own Home

Carthage, Illinois

20b. IF YES, WERE FINDINGS USED

COUNTY

19.83

IN CERTIFYING CAUSES OF DEATH?

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

USUAL RESIDENCE IN NUKSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

130. STATE

The COUNTY

131. CITY OF TOWNS ON THE INSTITUTION OF THE PROPERTY OF THE INSTITUTION Indiana 14 FATHER'S NAME

Lester

Conditions, if ony, which gave rise to immediate cause (o), stating underlying cause

210. ACCIDENT WAS UNDERLYING

21d. INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

sow the deceased alive on.

230. BURIAL, CREMATION, REMOVAL 23b. DATE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

FOR

Wayne MIDDLE Rav

LIF YES, GIVE WAR OR DATES!

Ellison 16h SOCIAL SECURITY NO.

Hagerstown

Frances 17 INFORMANT Leathem Funeral Home

13d INSIDE CITY LIMITS?

NOX

15 MOTHER'S MAIDEN NAME

MIDDLE ADDRESS

BALTIMORE COUNTY

40 Dogwood Drive

Smith

314-56-9013 No 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c), 1 PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) BRONCHOPNEUMON I A

DUE TO, OR AS A CONSEQUENCE OF

SEPSIS & SHOCK

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21h. TIME OF INJURY

P.M

21e. PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE FARM ETC.)

CERTIFICATION

190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

> HOUR A.M. MONTH DAY YEAR 19

> > 83

100 2-22

DEGREE

23¢ NAME OF CEMETERY OR CREMATORY

Elvaston Cemetery

II LOCATION

78a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

CITY OR TOWN

YES [

STATE

NO T

226. SIGNATURE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

220.1 certify that (1) (this haspital) attended the deceased from,

obove, (1) (we) did) (did nat) view the body after death

R. Breitenecker

2-26

GBMC

22e. ADDRESS

ATTENDING

PHYSICIAN

6701 N. Charles st, Towson MD

MEDICAL

23d. LOCATION Elvaston,

2-26

___ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

STAFF

TTlinois

22c. DATE SIGNED

DHMH - 16 50M 4/82 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

1050 York Road Ruck Towson Funeral Home, Inc. Towson, md. 21204

March 2,1983

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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and it

FOR

REGISTRAR

- STATE

DHMH-16 20M (VRA 15, 4) 7/78

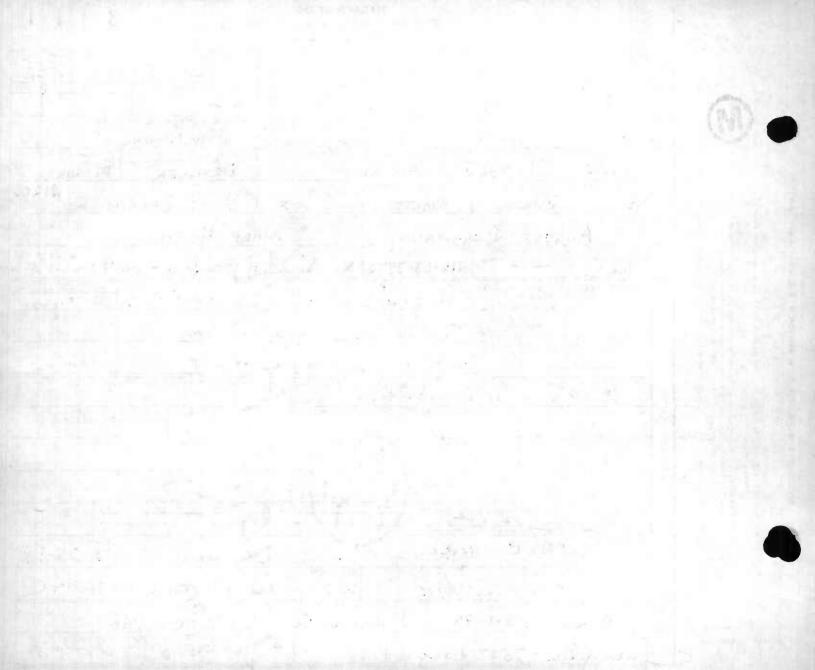
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MARY 20 DATE OF DEATH 2b. HOUR 83 IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH COUNTY 126. KIND OF BUSINESS OR SCHOOL 1524 ROSEWICK AVE. 21237 ARTEMMI 1524 ROSEWICK AVE. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) our) apinion death occurred on the date and hour and from the couses stated 22c. DATE &IGNED MD. 250. DATE REC'D. BY REGISTRAR 256-REGISTRAR'S SIGNATURE



H Y	1 -	FOR STATE REGISTRAR		C	EPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 5	0 3 3	10
oth oth		ASED NAME FIRS	EDWI	N M.		LANGELUTTIG	20. DATE OF DEATH MONTH	16 83	26. HOUR // 25/M
oge 4 mg	3. SEX	Male		hite		Jan. 12, 1911	6. AGE (IN YEARS LAST BIRTHDAY) 72 YR	MONTHS DAYS	HOURS MIN.
deoth. Po	Ma	THPLACE (STATE OR FOREIG UNTRY) TYLAND	U	S A		MARRIED MEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY <u>OR</u> COUR Baltimore Co	ounty	MD.
201 urs ofter filed with	Cat	OR TOWN OF DEATH	Su	mor in such facility, of	SIVE STREET A	Home	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN DWNOT	G LIFE) 12b. KIND OF INDUSTRY	BUSINESS OR BCTric Di
LAND 21 in 24 hou should be enmust be	P	and I make the	ounty			City YES NOKE	3917 MacAlpin	ne Rd. 2	21043
MARYI ompletely ond 2 s		Goedfrey		Langelutt	_	Sarah Sarah	WIDDLE	Fisher LAST	
be executed on ond control of streets.	(YE	AS DECEASED ÉVER IN U. S. NO OR UNKNOWN) (IF Y	S. ARMED FO	IR DIATES)	05-9		ott CityyMds 2 angeluttig, 39	17 MacAlpi	
n ST., BAL certificate ding physici orbon paper or removal.		8. CAUSE OF DEATH (En PART I. DEATH WAS C 4280 IMMI	BET WEEN ON	ATE INTERVAL NSET AND DEATH					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120: NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours in other ding physician. On the buriel-transit permit. Then please remove carbonopers. Pages 1 and 2 should be filled in by an attended and Hygiene prior to buriel, cremofican, or removal. Amount Hygiene prior to buriel, cremofina, or removal. On the Manial Hygiene prior to buriel, cremofina, or removal.		Conditions, if any, white gave rise to immedia cause (a), stating it underlying cause la	the fee of Dist.	UE TO, OR AS A CC	ONSEQUE	F M. Algh	reiners disease	1	W 3 ,
AL RECORDS, She low require ion. In permit hen sign in permit hen in permit hen in hen sign in permit in hen in h	NO.	a. DATE OF OPERATION	AT.		NITE	PPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDING RTIFYING CAUSES O	GS USED DF DEATH? NO
PHYSICIAN: 1 PHYSICIAN: 1 PHYSICIAN: 1 PHYSICIAN: 1 PHYSICIAN: 1 PHYSICIAN P	CAL	TO, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX-	OF DEATH	b. TIME OF INJURY HOUR A.M. MON P.M.		Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM	16 PART I OR PART 2)	
DIVISION ING PHY: The offer this os the but ith and M orked or	1	MHILE OCCURRED NOT WHILE TOWNER	1^	e. PLACE OF INJUR' IT HOME, STREET, FACTOR	Y, OFFICE, FA	RM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
1. OR ATTENDING the hospital or I. D. D. D. C. A. D. C. A. D. C. A. D. C. C.		20.1 certify that (1) (this saw the deceased ali above, (1) (we) (did) (c)	ve an	2/10/	19 8	3, and that in (my) (aur) apinian a	, to		
HOSPITA ined by FUNERA uld be de bithe Stot		ADNAN M.		7 M.D.	for a	PHYSICIAN [ING ROAD, CATO	NSVILLE, I	MD. 21228
2 € 0 € ₹ ₹		RIAL, CREMATION, REMO	OVAL 23b.	DATE 2/19/83		AME OF CEMETERY OR CREMATORY raine Park Mausole	23d LOCATION CITY OR TOWN Bum Woodlawn,	Balto, Ma	ryland
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUR	VERAL PIERBY M.	& RUS	SELL C. I	JIJZK	E FUNERAL HOMES DATE	E REC'D. BY REGISTRAR THE REC		

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181983 Paul Carled			LUBERUR E .	74131

25	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		0	3 3	1 1
10		CEASED NAME FIRST	MIDDLE		l	AST	20. DATE OF DEATH		AY YEAR	2b. HOUR
boge 3	LIAN	MATIL	DA A.	LAS.	SAHN)	FEB	. 25,19	983	5 mm
	3 SE	F	4 RACE		S. DATE C	PERTH DAY 1401	6 AGE (IN YEARS LAST	·M	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	C	RTHPLACE ISTATE OR FOREIGN OUNTRY)	16 CITIZEN OF WHA	T COUNTRY?		□ NEVER MARRIED □	9 BALTIMORE CITY	YRS. I Y OR COUNTY		
s ofter d		BALTO.	11. NAME OF HOSP	LITY, GIVE STREET	G HOME C	DIVORCED DIVORCED DIVORCED DIVORCED	120 USUAL OCCUP. (TYPE OF WORK FOR MOS	ATION ST OF WORKING LIFE	12b. KIND OF	MD. BUSINESS OR
24 hours filled in the ould be fi	130	AL RESIDENCE (IF NURSING HOME OF TATE 136, COU	R OTHER INSTITUTION, GIVE R		ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES			21206
MARYLA ed within mpletely ond 2 sh	14. F/	THER'S NAME FIRST AUGUS	MIDDLE D	LAST		15 MOTHER'S MAIDEN N	IAME MIDDLE		LAST	
n and can Pages 1		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166	SOCIAL SECUR	RITY NO.	V. INFORMANT		ORESS	007 Ed	1214 you Jerra
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BA NG PHYSICIAN: The low requires that the death certificate otherding physician. Ifter this certificate has been signed by the attending physic as the burial-transit permit. Then please remove carbanapape th and Mental Hygiene prior to burial, cremotion, ar removal or them 18 shows any injury, or other traumatic event, the		Conditions, if any, which gove rise to immediate cause (b), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUE	NCE OF	erolic Car 2 Thype i Cardia	disvoseu tension c cenart	lm ·	30t	SET AND DEATH YOU
AL RECORDS, The law require Tion. The speen sign in permit. Then The permit. Then The was any injury to by	CERTIFICATION	PART 2. OTHER SIGNIFICANT COPD 190. DATE OF OPERATION	s Uslu	anthu	ites	NOT RECATED TO THE TER	20a. AUTOPSY?	20b. IF YES,	WERE FINDING	SS USED F DEATH?
PHYSICIAN: T tending physici this certificate he buriol-trans and Mental Hygi ed or Item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE	ATH HOUR A.M.	MONTH DA	19	21f. HOW INJURY OCCU	RRED (ENTER NATURE OF IN		RT 1 OR PART 2)	STATE
ATTENDING ospitol or other deforms as the deforms attending to deform the deforms as the deform at 1 is market.		220. I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did)	16 tom	196	3 , on	d that in (my) (appropriate	death accurred on the	dote and hour		
HOSPITAL OR ned by the he long by the he long funeral DIRE in the Stote Dept. It is some and the Stote Dept.		226. SIGNATURE 226. PHYSICIAN 5 NAME (TYPE C	OR PRINT)	<u>ke</u>	7	ATTENDING PHYSICIAN	DIRECTOR PHY	AFF SICIAN _	22c. DATE SI	5-83
TO HOSPITAL retoined by to TO FUNERAL should be det with the Stote MPORTANT:	23a F	URIAL, CREMATION, REMOVAL	IZ3b. DATE	t4/e	AME OF C		an fel B	Palts.	1236 7	rd
BP	(BURIAL	3-1-83	, , , , , , , , , , , , , , , , , , ,	PARK	WOOD CEM.	S A		D.	STATE
DHMH - 16 60M 7/73 (VR A 15 (4))	24	NERAL DIRECTOR	7527 H	ADDRESS	Rd	250 13 /	TREC'D. TY BEGISTEA	AR 256 REGISTR	AR'S SHENATUR	hill



6500 York Rd.

FOR

(VRA 15, 4)

MITCHELL-WIEDEFELD HOME, INC.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The section of the se The late of the case of the ca els and all in. dorders overed the of the Samuel of Salvan at me Street Transaction of the Street Street STRACTOR TO THE STREET STREET STREET CHRISTES F. L. DONNETT WEST PROPERTY BY LEWISH FAMILY recipil (Sandouries victionals of committee 2005) Inches

FOR

REGISTRAR

- STATE

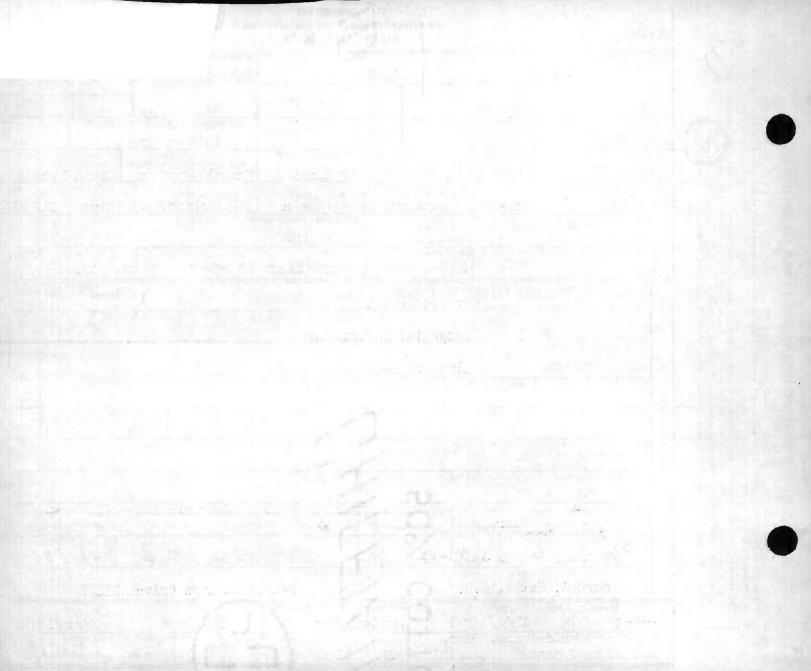
Baltimore County 12h, KIND OF BUSINESS OR INDUSTRY Steel Worker Beth.Steel 2634 Maseth Avenue Hinkel ADDRESS 2634 Maseth Ave. Balto., MD. 21219 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) COUNTY _19_<u>83___</u>, and that in the (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN -9000 Franklin Square Drive 2/4/1983 Loudon Park Burial Baltimore Maryland 24. FUNERAL DIRECTOR Duda-Ruck, Inc. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 7922 Wise Avenue Dundalk, MD. 21222 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

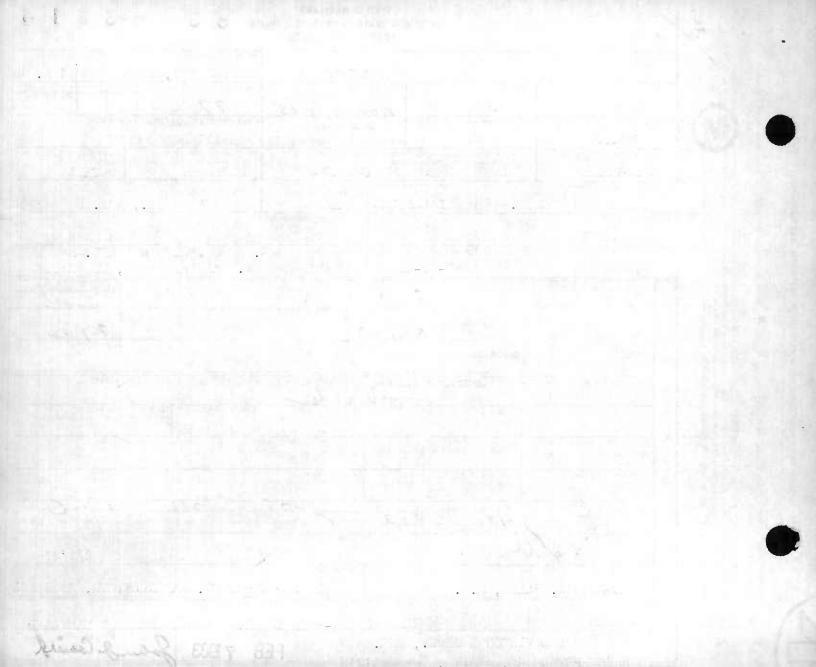
CERTIFICATE OF DEATH

IF UNDER 1 YEAR



6010 REISTERSTOWN RD RALTO, MD

STATE OF MARYLAND



18	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND. MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 3 ()	3 3
	1. DECEASED NAME FIRST (TYPE OR PRINT) William	Emory	LIBBY	20 DATE OF DEATH MONTH D	YEAR 2b. F
	3. SEX Male	4. RACE White	5. DATE OF BIRTH 5 25 YET 1		FUNDER LYEAR IF UP
death. Po	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	75. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto. Count	
urs ofter of by the full filed with	Cockeysville	11. NAME OF HOSPITAL, NURS II 10946 Hollow	NG HOME OR OTHER INSTITUTION (ADDRESS) 21030	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Engr. Tech.	126. KIND OF BUSINDUSTRY Bendix
LAND 21:	USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 136 COU Bal	100 000 000		13e STREET ADDRESS 10946 Hollow R	d.,21030

Walsh

Libby William 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT 21030 (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Gladys Gore., 10946 Hollow Rd. No 215-03-4666 18 CAUSE OF DEATH | Enter only one cause per line for (a)b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

211 LOCATION

22e ADDRESS

Dulaney Valley Ceme.

ATTENDING

Elsie

haufd be detach MPORTANT:

ntal Hygie

marked ar

DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 2/3/83 Burial

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

sow the deceased plive on

NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from

above, (1) (we) (did) (did not) view the body ofter death.

Seymour Weiner, M.D.

21d. INJURY OCCURRED

22b. SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

1900 Northern Parkway, Balto., Md.

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

Balto.

22c. DATE SIGNED

COUNTY

Md.

STATE

2b. HOUR

125 KIND OF BUSINESS OR Bendix Radio

Crout

Marvin

CITY OR TOWN

STAFF

Timonium

21093 Lowell Lemmon, 10 W. Padonia Rd.

HOUR A.M. MONTH

AT HOME STREET, FACTORY, OFFICE FARM, ETC)

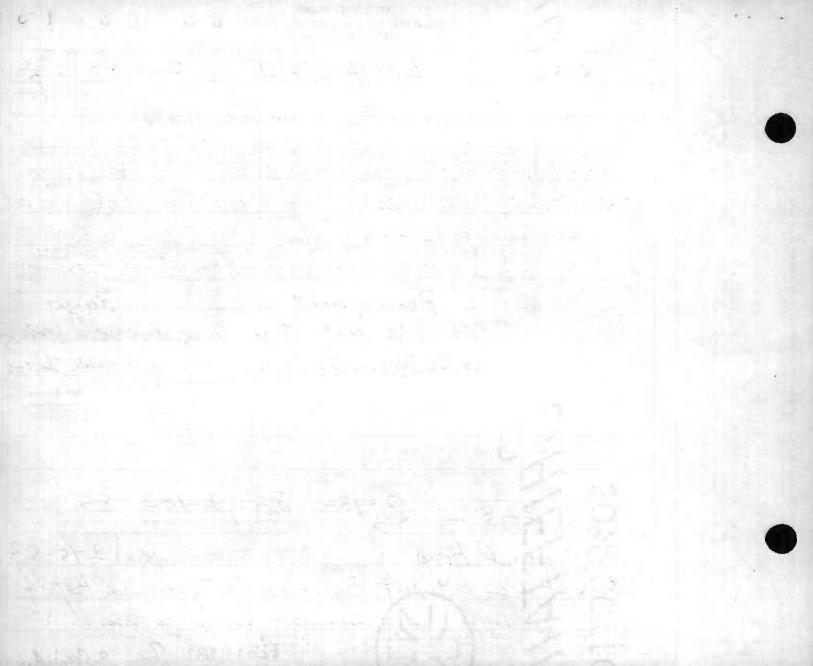
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21e PLACE OF INJURY

DAY

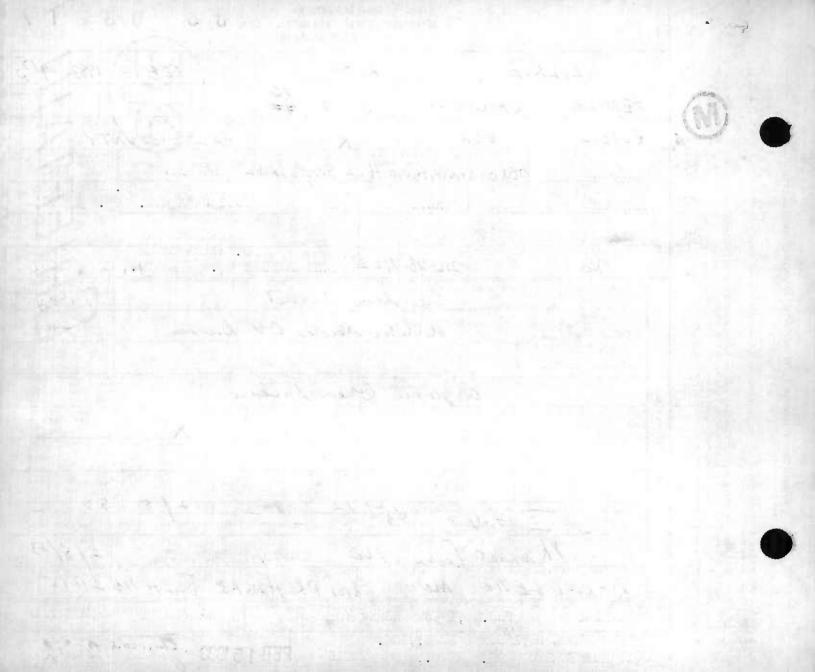
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6010 REISTERSTOWN RD. BALTO., MD

STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DULANEY VALLEY MEM.

DHMH - 16 50M 4/82 (VRA 15, 4)

BURIAL

FOR

- STATE

24 FUNERAL DIRECTOR MITCHELLWIEDEFELD HOME 6500 YORK RD. 21212

FEB.17,1983

COCKEYSVILLE

GDNS.

YEAR

IF UNDER I YEAR

INDUSTRY

26 HOUR

126. KIND OF BUSINESS OR

11758

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

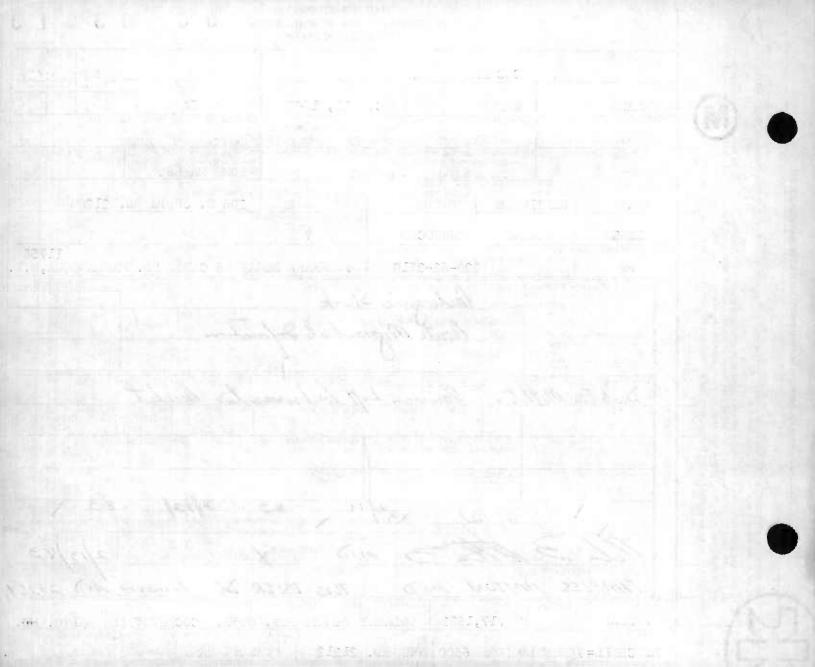
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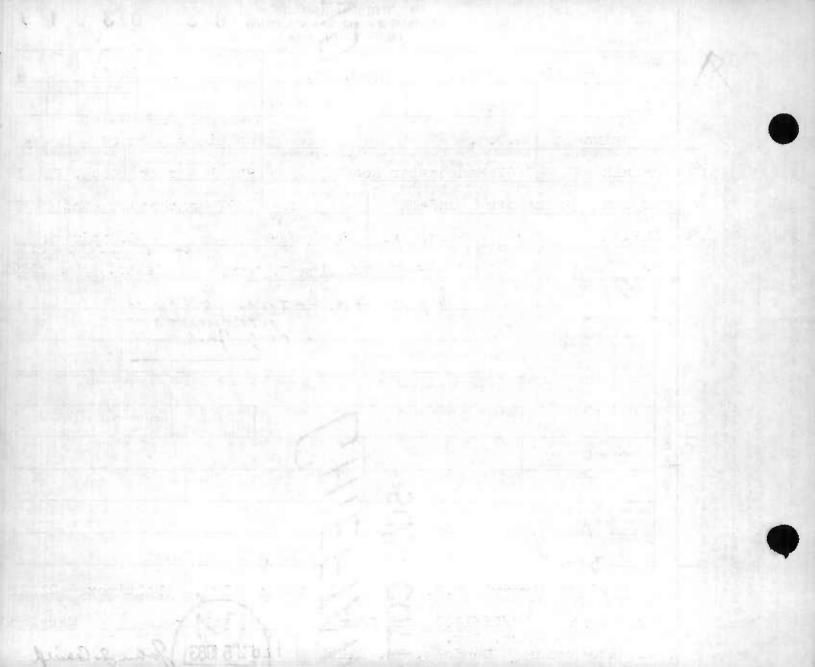
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72c DATE SIGNED





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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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10	'	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	٥.		ŧ
		CEASED NAME FIRST OR PRINT)		MIDDLE	,	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
		CLEMEN			_	L00 S E	FEBRU		,1983	1:00 P, M
	3 SE)		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
		FEMALE	WHITE			16, 1900	82	YRS.		
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY C	OF DEATH	
-	- 1	North C rolina	USA		WIDOWE		BALTIMORE	COUNTY		MD
10		TY OR TOWN OF DEATH Randallstown		HOSPITAL, NURSIN H FACUITY, GIVE STREET A edian Nur		Center INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemake	F WORKING LIFE)		OF BUSINESS OR
0		AL RESIDENCE (IF NURSING HOME OF		13c. CITY OF TOW		113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
9			timore	On Towns	on	YES NO X	523 Semi	narv A	ve.	21204
3	14. FA	THER'S NAME				15. MOTHER'S MAIDEN NAM	ΛE		1.40	
\mathcal{I}	F	ERDINAND	WIDDLE	ECKER		MARY	MIDDLE	В	RUNAGE	
		VAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRE	20 S.		
	(1)	res, no or unknown) (if yes, gi	E WAR OR DATES	213-72-5	295	John C. Grif	fin, Atty.	Balto.	. Md . 2	21201
		18 CAUSE OF DEATH (Enter or	nly one couse per	line for (a), (b), one	I (c).)		- O			IMATE INTERVAL ONSET AND DEATH
H		PART I. DEATH WAS CAUSE	\							
		4295		DAS A CONISSOUS	NCT OF			·		
		Conditions, if ony, which	(,b)	R AS A CONSEQUE	NCEOF	2			-	
	9	gove rise to immediate cause (a), stating the	100	DAY - CONFERNIE	NGE OF					
		underlying couse last.	DUE TO, OF	R AS A CONSEQUE	NCE OF					
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	V IN PART 1	0
	NO.									
0	CATI	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDI	
7	RTIFI						YES NO	YES		OF DEATH?
0	CER	210. ACCIDENT WAS UNDERLYING			Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T 1 OR PART 2)	
7	AL	OR CONTRIBUTING CAUSE OF DE	7.111		19					
1	MEDIC	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE FA	ARM, ETC)	SIREEI	CITORIO			JIAIL
		220.1 certify that (I) (this hasp	ital) attended the	e deceased from	WI	1975		, 19	9	that (I) (we) lost
	3	saw the deceased alive an above, (I) (we) (did) (did no		ofter death	. 01	nd that in (my) (our) opinion o	death occurred on the de	ote and hour o	and from the	couses stated
		22b. SIGNATURE	1/	3		DEGREE			22c. DATE	SIGNED
		and 1	100	20	1	ATTENDING PHYSICIAN	MEDICAL STAT		12/3	Call.
1		224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS		_		
1		Robert B	Kroopn	ick , TR		8726 Liberty	PLAZA			
	02- 0	UDIAL COPALATION DESIGNATION	Tool DATE	I aa. N	IAME OF C	THE PROPERTY OF STREET	Total LOCATION			

BP.

the buriol-transit permit. Then please remove carbon paper and Mental Hygiene prior to burial, cremation, or removal

should be detached for use as the buwith the State Dept. of Health and M

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pl

DHMH - 16 50M 4/82 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

FOR

Feb. 24,1983 Greenmount OCATION CITY OR TOWN

STATE

Baltimore City, Maryland
250. DATE REC'D. BY REGISTRAR 250, DEGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR
MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

FEB 8



ot. John Sandard Company

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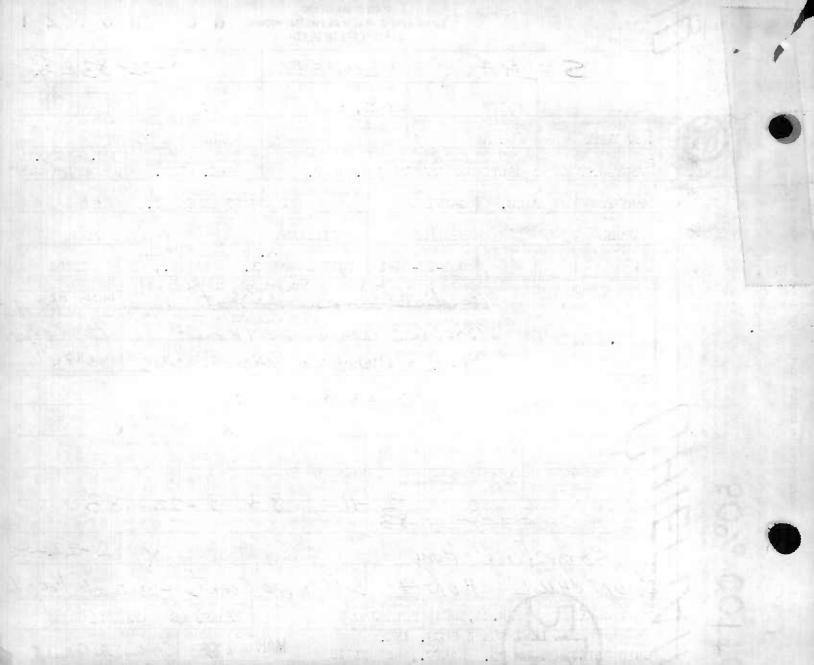
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outiclio e. a, la magnost CENTRAL DESCRIPTION OF THE PROPERTY OF THE PRO

		MARYLAND I. FATHER'S NAME FRST JACK I. GO WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) I. CAUSE OF DEATH IEF PART I. DEATH WAS C Conditions, if ony, whi gove rise to immedia couse (o), stoting to underlying couse lo				STATI	OF MARYLAND		13 8	2 "	/ 13 1
10	И				DEPAR		EALTH AND MENTAL HY	GIENE 👸	5	1 3. 0) 1. 1
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15			EZ.	MA	WIDDLE	1	OWELL	20. DATE OF D	2-22	1-83	26 HOUR O
20 1 9	1, 58	X	4 RA	ACE		5. DATE C		6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1 607		FEMALE	V	WHITE		MAY 2	3, 1925	57	YRS.	MONTHS DAYS	HOURS MIN.
1	7a. E	IRTHPLACE (STATE OR FOREK	5N 7b. C	ITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE	CITY OR COUNTY	OF DEATH	
(INI)				USA		WIDOWE		BALT	CIMORE CO	UNTY	MD.
N/	10. 0		. ((IF NOT IN SUC	H FACILITY, GIVE STRE	ET ADDRESS)	OR OTHER INSTITUTION		R MOST OF WORKING LI		ABSOCS OR
(4) 単元	ansi						N. HOSP.	EXEC.	SECY.	SECON	DARY SCHO
ald be	13a.	STATE 13b	COUNTY		13c. CITY OR TO BALT IM	WN	13d. INSIDE CITY LIMITS?	13e STREET AD 7417 EI	DON CT.	#212	08
2 sh	14. F						15. MOTHER'S MAIDEN NA				
Pu Deso		JACK	MIDDLI	V	VASSERMA	N	LILLIAN		AIDDLE	FINEMA	
0	16a	WAS DECEASED EVER IN U	J.S. ARMED		166 SOCIAL SEC			R. BERNAF	REPORTOWELL		
L 6		NO OR UNKNOWN) (1F	YES, GIVE WAR	R OR DATES)	061-22	-2441	7417 ELDON		BALTO., M	D 2:	1208
y du		18 CAUSE OF DEATH IF	nter only on	e couse per	line for (a), (b), o	and (cu) M	ASSIND PULM	MARY EX	BOLISH	APPROXI	MATE INTERVAL ONSET AND DEATH
maval.					a di	Dula	A A Dear A	SAROT		MIN-	
000		4/3/0	AEDIATE CA		CATLOGO A.	1	101	Allo B'	falian	Que Sc	RECEDOTE
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a buno jury, or	1	PART 2. OTHER SIGNIFIC	CANT CONE	DITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE C	R CONDITION GIV	EN IN PART 10	5
or to	ē				Hur	erle	n sion				
Sony	NA O	196. DATE OF OPERATION	1	196 COND	ITION FOR YOU	H OPERATIO	N WAS PERFORMED	200 AUTOPS		S, WERE FINDIN	
Shows	I E									s 💢	NO 🗌
D T O	U			216. TIME O	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATUR	E OF INJURY IN ITEM 18	PART I OR PART ?}	
Mental Ar Hem	18			P.		19				37 - 6	
≥ 5	ED	21d. INJURY OCCURRED		21e. PLACE	OF INJURY	E EADM ETC 1	211 LOCATION STREET		ITY OR TOWN	COUNTY	STATE
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leolil is mo		22a.l certify that (I) (this	s hospitol+	pttended_th	e_deceosed from	7	7/- 19 0	3, to	-12-	1900	that (1) (we) last
of H	130	sow the deceased o	live on	- X	19.	830	nd that in (my) (our) opinion	death occurred o	on the date and hou	ir and from the	couses stated
ept.			ala nai) vie	rw the body	O /		DEGREE			22c. DATE	SIGNED
te D	1	Can	no V	0	Hon	0	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	2-	22-82
e Stote		22d. PHYSICIÁN'S NAME	TYPE OR PRIN	vi)	1101		22e ADDRESS	_ DIRECTOR _	/		
should be detoched for us with the Stote Dept. of He MAPORTANT. If them 21 is		SOON CH	IUL	and the second	HON	a	Baltimors	o Colin	ty ga	wal	Hospila
- 7- 3- ≤	23a.	BURIAL, CREMATION, REM (SPECIFY) BURIAL	OVAL 23	FEB. 24		BETH J	EMETERY OR CREMATORY ACOB	FINKS	· X / /	AŔŔŎĹĹ	MD ^{S/ATE}
1 000	24	UNERAL DIRECTOR SO				INC.	250, DA		ISTRAR 256. REGIS		
6 50M 4/82 15, 4)		NAME			ADDRESS		I MZ		83 /oc	20	april 1
10, 4)	-	6010 REISTE	KSTOW.	N RD.	BALTO.	, MD	21215	- 10	00 /		- Aller



- 1	2	/							ARYLAN				4500	D-100		, db.
6/	10/	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS 3												3	3 2	2
1	40	1- STATE MEDICAL EVANINED'S CEDTIFICATE OF DEATH											EG. NO.			
A			CEASED NAME	FIRST		WIDDLE			LAST		0-				AN MEAD	la HOUD
		(TYPE OR PRINT)										ONTH D	AY YEAR	2b. HOUR		
5	NA WELL			BETTY	/	LUNN					0	EATH MAT	ED 🗌	2 2	18 19 8.	3 M
1	#8#3#	3 SEX	4	RACE	5. DATE OF BIRTH		6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HI				24 HRS. 2c.	DATE	MOI		AY YEAR	
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100	666	Fe	male	Black	7 26	30	5 2 YR	5.			11.00	DEAD		2 2	8 19 8.	3 n M
	SEEDING.	7a BI	RTHPLACE (STA	ATE OR	76 CITIZEN OF WH	AT COUN	TRY?	8 A DD4	en 🗆 NE	VER MARRIE	9.8	ALTIMORE	CITY OR CO	DUNTY C	FDEATH	
	SOLENE PO	5			U.S.A. WIDOWED					(T)						
2	2003	re	nnsylv	ania	U.S.A. WIDOWED DIVORCED LA BALTIMORE C										MD.	
-	#835	Maci	IT OR TOWN C	OF DEATH	(IF NOT IN SUCH FAC	ILITY GIVES	RSING HOME,	OROTH	ER INSTITU	ITION	FOR MOST	OF WORKING L	IFF1 (TYPE OF W	ORK 176.	OR INDUST	
3	N PAGE N PAGE SOS, 201	R	andallst	town	Balto. Co		neral H	loeni.	tal				- /			
_ 2	2, AND 3 TO 1 3. RETAIN PASS SHOULD BE FALL RECORDS, 1	USUA	L RESIDENCE (F IN NURSING HOME OF	ROTHER INSTITUTION, GIVE	RESIDENCE	BEFORE ADMISSIO	N)	100							
20 >	SEASO C	13a. S	TATE	HI3Y COUNT	ſΥ		OR TOWN		13d. INSIDE C	ITY LIMITS?	13e. STREET	ADDRESS				
21	4 % 5 % S	Ma	ryland	Howa	ard	Col	umbia		YES 🗌	NO X	8729	Hays	shed	Lane	210	45
9	AL 28.	14. FA	THER'S NAME						15 MOTHE	ER'S MAIDE	NNAME					
~ .	15 KES 30		EIRST	1	MIDDLE		LAST					MIDDLE		т	LAST	d
N 0	388		Theod			Thomas			Alva						Howard	
¥ g	SSOP	16a. V	VAS DECEASED	AED FORCES? WAR OR DATES)	166. 500	TAL SECURITY	NO.	17. INFORMANT			ADDRESS					
BALTIMORE	HOUD BE EXCUSED WITHIN A TOOKS AFTER CENT. IN THE VERNINGS. IN PROCI. IN TEAM 18. GIVE PAGES 1. 2. HIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. USED AS A BURAL-TRANSIT PREMIT. PAGES 1 AND 2 SIOF HEATTH AND MENTAL HYGIENE, DIVISION OF VITAL IRIAL, CREMATION, OR REMOVAL.		No	, , , , , , , , , , , , , , , , , , , ,		190	-24-9	952	Ted	Thoma	as 87	29 Ha	avshe	d La	ane	
- 0	WITH WITH DIVISION		IR CALISE OF	DEATH /Entre only	y one couse per line l										APPROXIMAT	IF INTERVAL
12 2	E, E		PARTIDEA	TH WAS CAUSED	RY.									- 1	BETWEEN ONSE	ET AND DEATH
2	A E E E E E E E E	30	117	CHAMEDIAT	E CAUSE (o)CO				failu	re	2					
5	S S S S S S S S S S S S S S S S S S S		42	80	DUE TO, OR	S A CON	ISEQUENCE C	F								
iii ii	EASIS			s, if ony, which												
	Z Z Z Z Z Z			ta immediate	(b)								_			
* 3	SESTES.		lying cous	stating the <u>under</u> -	DUE TO, OR	AS A CON	ISEQUENCE C	F								
201	SAMES		7.3		(c)											
S.	A A NICE OF SECOND		PART 2 OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	JT NOT RELA	TED TO THE TERMI	NAL DISEASE	OR CONDITIO	N GIVEN IN PART	T L (a)					
RECORDS	EA TH	z														
S o	- CAAAEE	CERTIFICATION														
	를 내려고 수	3	190 DATE OF	SPERATION	196 CONDIT	ON FOR	WHICH OPER	ATION W.	AS PERFOR	MED?				2	0 AUTOPSY	.3
VITAL	SSENOS N	E													YES	NO X
> 4	NA BEING	=	210. EXTERNAL	CAUSE WAS	21b. TIME OF	INJURY		121c HC	OW INJURY	OCCURRED) (ENTER NATU	RE OF INJURY IN	ITEM 18 PART 1	OR PART 2)		
0	444386 3		UNDERLYING	OR		MONTH	DAY YEAR							A COL		
ō	EE6589	5		G CAUSE OF D			19									
DIVISION OF	TING THE SED TO THE 3 SHOULD DEPARTM	MEDICAL	214 INJURY OF		21e PLACE O STREET, FACTO				CATION		en-	Y OR TOWN		COUNTY		STATE
5	ARTING THE WORD WRITING THE WORD ARDED TO THE CHE NGE 3 SHOULD BE USE ATE DEPARTMENT OF 1201 PRIOR TO BURIA	2	WHILE AT WORK	NOT WHILE AT WORK]	MI, FARM, E	(0.)	1	INCLI		CII	TORTOWN		COUNTY		SIAIE
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45000	EE TEES	17.5	death resulter	d from: Nature	ol causes ,	Accident	Sui	cide	. Hamie	cide /	Undeterm	ned manner				
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	임까호없는 ^		EXAMINER'S N		n M. Dixor	, M.	Ο.		ADDRESS_	111 P	enn St	., Ba	Lto.,	Md.	21201	
	TO EXECUTE TO FULL FOR THE PAGE SHOULD FULL FOR THE PAGE BALTIMORE	22a DI		ION, REMOVAL 2:	2h DATE	[22. b	NAME OF CEM			OPY	23d LOCA	TION				
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